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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14514

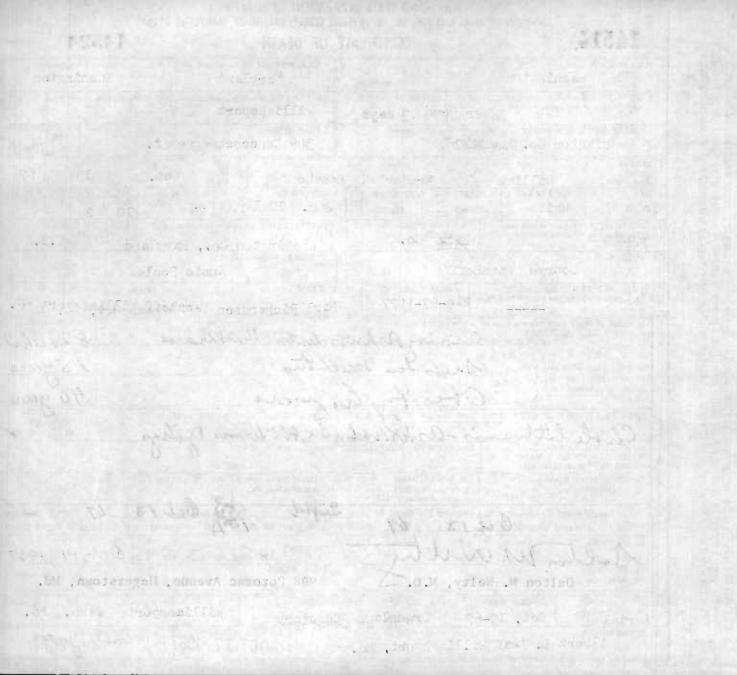
CERTIFICATE OF DEATH

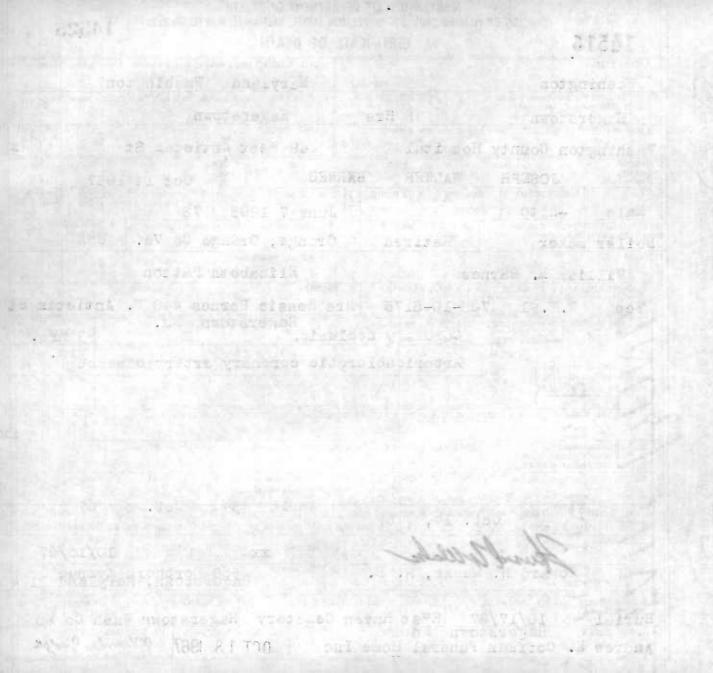
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PLACE OF DEATH O. COUNTY	Washington	MARYLA	ND 0. STATE Mary		Washington
	(If outside corporote limits, nd give nearest town)	gerstown 3 days	V V * 7 7 7 4	utside carporote limits, write RURAL Port	ond give nearest tawn)
	TAL OR INSTITUTION (If not in negton Co. Itas;	hospital give street oddress)	d. STREET ADDRESS 309 Cono	cocheague St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First William	Middle Frederick	lost Banzhoff	4. DATE Month OF DEATH Oct.	Doy Year 13 19 67
s. sex Male	7 71 . 2 . 4	MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Jan. 10 18	393 Jost birthdoy) M	FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. LO 2
during most of working	N (Give kind of work done g life, even if retired)	10b. KIND OF BUSINESS OR Brick	Washingt	e & State, or foreign country) on Co., Marylanc	12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME	George Ban	zhoff	14. MOTHER'S MAIDEN	Annie Poole	
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of se	16. SOCIAL SECURITY NO. 21.6-07-11.77	17. INFORMANT Earl Richar	Address dson Banzhoff W	idliamsport Md.
Conditions, if on rise to immedia stoting the und lost. PART II. OTHER S 200. ACCIDENT W. OR CONTRIBUTION (IF ETHER MOTING)	y, which gove the couse (o), PUE TO (c) IGNIFICANT CONDITIONS CONT	Ches to RIBUTING TO DEATH BUT WELT RELATE	Mellitus Ly mons ed to the temminal disease co climis It to	INDITION GIVEN IN PART 1(0)	15 years 40 years 19. WASOVIOPSY PERFORMED? YES \(\sum \) ND
₹ 20c. TIME DF IN	G CAUSE OF DEATH (MEDICAL EXAMINER) JURY Month, Doy, Yeor	20d. INJURY OCCURRED 20	De. PLACE OF INJURY (Home, for	n, 20f. (City or town)	(County) (Stote)
21. I cert	.m. 19	while of work	foctory, street, office bldg., etc. om	19.53 to Oct /3 M, fram causes and	_, 19 47 , that (I) (we) la: d on the date stated above
220. ASIGNATURE 22c. PHYSICIAN NAME (Typ	ton W.	Welty, M.D.	M.D. ATTENDING PHYS. 22d. ADDRESS 998 Potor	MED. STAFF DIRECTOR DPHYS. D	22b. DATE SIGNED O.J., 14, 1967 erstown, Md.
230. BURIAL, CREMAT REMOVAL (Specif BUTIAL) 24. FUNERAL DIRECT	v) Oct. 15		n Cemetery	23d. LOCATION (City or Town) Williamsport D BY REGISTRAR 25b. REGIST	Wash. Md.
A1	bert L. Leaf	Williamsport. Mc	DATIO C		TRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificote be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond completely filled in by the fairector, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon pagers. Pages should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, without 2 hours after the should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, without 2 hours after the should be should be supplied to the state of the same than the state of the same transfer of the same

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14527 within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Washington Maryland b. COUNTY Washington brs. Pages 17 MARYLAND c. LENGTH DE STAY IN 1b c. CITY DR TDWN (If outside corparate limits, write RURAL and give nearest tawn) b. CITY DR TDWN (If autside corporate limits, write RURAL and give nearest town) Hagerstown 12 years SanMar Md. Hamilton Blvd. d. NAME DE HOSPITAL DR INSTITUTION (If not in hospital, give street oddress) = ON A FARM? completely filled adpd Fahrney Keedy Nursing Home 4. DATE NAME OF DECEASED S. DEATH and in any event, (Type or print) Ifred Bendell Sr Oct law requires that the death certificate be executed please remave cdr AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH S. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED lost birthday) 7-26-74 Manths Hours White WIDOWED DIVDRCED Male yrs. 12. CITIZEN OF WHAT 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or fareign country) 10a. USUAL DCCUPATION (Give kind of work dane CDUNTRY? during most of working life, even if retired) Albany, N. Y. gov. 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME or remayal, Unknown Moses W. Bendell 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. ar unknawn) (If yes give war or dates of service) 1 26-01-6363 Alfred S. Bendell, Jr. Hagerstown, Md. crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a); (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by attending physician. DUF TD burial, Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause far use as the b f Health priar tab O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTDPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO be retained by the hospital ar 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20d. INJURY DCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Hour a.m. at wark 19 ... that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 19 (1/4 1 196 /, and that death occurred at ______M, fram causes and an the date stated abave. shauld saw the deceased alive an_ 22b.. DATE SIGNED 22o, SIGNATURE STAFF PHYS. M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, shauld 23c. NAME OF CEMETERY OR CREMATDRY 23d. LDCATION (City or Town) (County) 23b. DATE THEREOF 230. BURIAL CREMATION. 10-16-67 Hagerstown, Md. BUTIAL (Specify) Rose Hill Cemetery 10 C25b. REGISTRAR'S SIGNATURE 250. REC'D BY PEGISTPAR **ADDRESS** 24. FUNERAL DIRECTOR Rowland Funeral Home, ClearSpring, Md MATE

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14520 CERTIFICATE OF DEATH 14530 death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY Washington o. STATE Maryland b. CQUNTY within 72 hours after MARYLAND Washington b. CITY OR TOWN (If autside corparate limits, c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Hager stown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS papers. e. IS RESIDENCE ON A FARM? Washington County Hospital 717 Sunset Ave. NO K ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 3. NAME OF carbon Middle 4. DATE Last Month Year completely DECEASED Butler October 26. 67 ond in any event, Thomas (Type ar print) Morgan DEATH S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS **NEVER MARRIED** remove Just birthday) Months Hours Male Dec. 10, 1901 White WIDOWED DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, ar fareign country) 12. CITIZEN OF WHAT physician o during most of working life, even if retired) Service Manager Appliance COUNTRY? Mc Kees Rocks, Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, ottending phy permit. Then p William J. Butler Kezie Burwith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Hadderstown, Md. (Yes, no, ar unknown) (If yes give war ar dates af service) signed by the ofter burial-transit perm burial, cremotion, o 214-09-8103 Mrs. Imogene L. Butler, 717 Sunset Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONST AND DEATH IMMEDIATE CAUSE (a) the hospital or attending physician. **DUE TO** Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate NO 0 CERTIFIC 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (State) (County) Hour a.m. Nat While factory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After ot work ot work þ 1956 to Oct 26 21. I certify that (I) (this haspital) attended the deceased frame O HOSPITAL OR ATTEND Poge 4 moy be retained 19 6 7, and that death accurred at 2/2 g.M. fram causes and an the date stated above. saw the deceased alive an Och 26 22a. SIGNATURE 22b. DATE SIGNED M.D. 22c, PHYSICIAN'S director, po NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)

St. Marks Cemeterv

Lappans, Maryland

2Sb. REGISTRAR'S SIGNATURE

2Sa. REC'D BY REGISTRAR

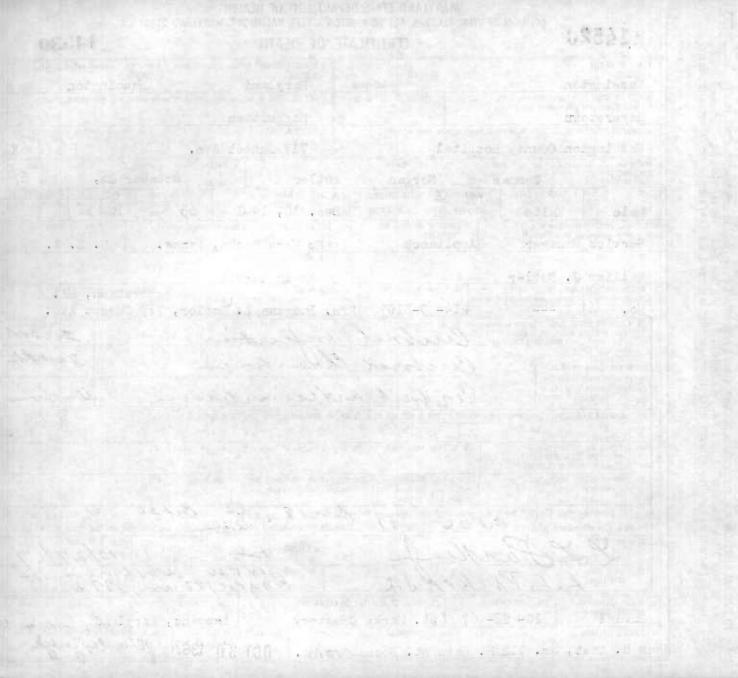
REMOVAL (Specify)

24. FUNERAL DIRECTOR

VR A15 (4) 25M 1/67

10- 28- 67

ohn H. Bast, Jr. 112 N. Main St. Boonsboro, Md.



-	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH	14531
1	1. PLACE DF DEATH a. COUNTY Washington MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: a. STATE Maryland b. COUNTY Between the country and b. COUNTY	ltimore defore admission
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown C. LENGTH OF STAY IN 1b 4 days Raltimore	AL and give nearest town
-	Hagerstown 4 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENC
	Washington County Hospital 3253 Yosemite Avenue	ON A FARM?
3	3. NAME DF First Middle Last 4. DATE Month DF DECEASED (Type or print) Harry Martin Calaman DF DEATH October	Day Year 2 19 67
5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDE last birthday) Months 1 1 1 1 1 1 1 1 1	R 1 YEAR IF UNDER 24 HR
11 di	LDA. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country 12.	CITIZEN OF WHAT
1	13. FATHER'S NAME Thomas Calaman Thomas Calaman Thomas Calaman	
100	Lat Oalton D. Out more times a	emite Av.
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),	INTERVAL BETWEEN
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	DUE TO	1111000101
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	Cenditions, If any, which gave rise to Immediate cause (a), stating the DUE TO	year
CATION	Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) Cecellal Allerda Polician (c)	a) 19. WAS AUTOPSI PERFORMED?
CFRTIFICATION	Cenditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
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	Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING DAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 1 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 Not While Not While at work and one of the deceased from the course and one of the deceased films one of the deceased from the course and one of the deceased films one of the deceased from the course and one of the deceased films one of the deceased from the course and one of the deceased films one of the deceased from the course and one of the deceased films one of the deceased from the course and one of the deceased films on the dece	PERFORMED? YES NO [18.) ounty) (State)
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	Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TO Underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	PERFORMED? YES NO [No
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MEDICAL	Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 1 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 While at work North While at work North Author at work North Author at work North Author Author Author North Nort	PERFORMED? YES NO [18.) Ounty) (State) A, that (I) (we) late the date stated above to 2, 1967 Lown, Maryla county) (State) yland
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14533

			CERTIFICAT	E OF DEATH		TAUUU
1. PLACE OF DEA	TH				ere deceosed lived, if institution:	
o. COUNTY	Washington		MARYLAND	a. STATE Mary	land b. COUNTY	Washington
	VN (If autside corporate limits	,	c. LENGTH OF STAY IN 16		le corparate limits, write RURAL	
	dagerstown		41 yrs.	Hage	rstown	2/1
d. NAME OF HO	SPITAL OR INSTITUTION (If no	t in hospital, g	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Was	hington Count	y Hosp	ital	1021	Jefferson Blu	d. YES NO
3. NAME OF DECEASED	Fir	st	Middle		DATE Month	Day Year
(Type or print)	Jenn		Elizabeth	Carbangh	DEATH October	
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HR:
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Og. USUAL OCCUPA	TION (Give kind of work done king life, even if retired)		ND OF BUSINESS OR DUSIRY	11. BIRTHPLACE (County & St	tate, ar foreign country)	12. CITIZEN OF WHAT
	usewite		Own Home	Franklin (USA ?
13. FATHER'S NAN	-			14. MOTHER'S MAIDEN NAM		
	Benjamin	Hassl	er	Moll	lie Underwood	
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 17	INFORMANT	Address	Williamsport, M.
(yes, no, ar unknow	wn) (If yes give war ar dates a	service	None Mr	1 Herman Leede	1 28 Hampton R	
IB. CAUSE O	F DEATH (Enter only one cour	se per line for				INTERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE	1 CE	REBRAL EDE	ma		ONSET AND DEATH
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OR CONTRIBUT	TING CAUSE OF DEATH	200. 00	SCRIDE HOW MORE OCCURREN	. Lenter notore or injury in run	TO COLL II OF HOM 10.)	
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Hou	r a.m.	While	Nat While f	actory, street, affice bldg., etc.)	201. (City of Idwit)	(coomy) (store)
	p.m. 19	at war		2		
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220 SIGNAT	URE	_		ATTENDING ME	D. STAFF	22b. DATE SIGNED 20 00 1967
Le	Marie				RECTOR L PHYS. L	20 04.1961
22c. PHYSICI NAME (1		T-EM	DER	22d. ADDRESS 218 N. Port	rune ST. HAGS	Suran, Ma
230. BURIAL, CREA	AATION, 23b. DATE THE	REOF	23c. NAME OF CEMETERY O		23d. LOCATION (City or Town)	
REMOVALISP	PAGE - 111/1	2/67	Rest Have	n Cemetery		lashington-Md.
24. FUNERAL DIR	ECTOR When Co.	Hor	ADDRESS	2So. REC'D B'	Y REGISTRAR 2Sb. REGIS	TRAR'S SIGNATURE
10 - + 1	laura O	El	11	M. DATE OCT	2 2 1007 00	Vinila Dinesa

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. he tyneral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the f director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14524 14534 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 24 hours ofter deal d. COUNTY Washington o. Maryland Washing ton MARYLAND ours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Hr Hagerstown Hagerstown 1 H
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS on papers Washington County Hospital 48 Madison ave YES NOK DE The law requires that the deoth certificate be executed within 3 NAME OF Middle 4. DATE First Month Yeor Doy DECEASED complete carb CARTER LEE MATTIE (Type or print) DEATH Oct. 1967 19 and in ony event, S. SEX 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED birthdoy) Months Hours white July 22 1892 Female WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Retired ottending physicion of sermit. Then please COUNTRY? Stanley Page Co Va. Housemother 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremotion, or removal, Alice Thomas Henry Norman WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. orunknown) (If yes give wor or dates of service) 20-18-2230 Amos Stoneberger 43 Alexander St Hagerstown 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p ONSEL AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a) DHE TO stating the underlying couse prior to has been the 05 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 0 20o. ACCIDENT WAS UNDERLYING (Enter noture of injury in Port I or Port II of item 1B. OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (State) 2Dc. TIME OF INJURY Month, Doy, Year (County) Hour 'a.m. foctory, street, office bldg., etc.) Not While 1967, to Oct 12, 1961, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram Oct 12 filed with the and that death accurred at 7:15 M, from causes and an the date stated above. saw the deceased alive an act 12 1967 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. director, poge Should be filed 22d. ADDRESS 22c. PHYSICIAN'S Dr. L.L. Paker 145 W. Washington, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) 0/16/67 Rose will Cemetery Hagerstown Wash Co Hagerstown MONS Coffman Funeral Home Inc 2Sq. REC'D BYTREGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Muarlas 25M 1/67

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14526

CERTIFICATE OF DEATH

14536

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eral and leat		LACE OF DEATH				2. USUAL RESIDENCE	(Where deceased lived, if institution: R	esidence befare admission)
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in lers.	(I. NAME OF HOSPI	TAL OR INSTITUTION (If nat in h	aspital, g		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	1		924 Preston R	oad		924 /	Preston Road	YES NO K
within fill to be possible to be pos		NAME OF DECEASED	First		Middle	Lost	4. DATE Month	Day Year
etaly erbon ent, with		Type or print)	Frank		NWN	Colley	DEATH UCTOBER	4 1967
	S. S	11		MARRIED .	NEVER MARRIED	8. DATE OF BIRTH	Anna Asiash Jan A Mari	INDER 1 YEAR IF UNDER 24 HRS.
		Male		IDOWED	DIVORCED	July 20, 189	93 74 yrs.	
	10a.	USUAL OCCUPATIO	N (Give kind of work dane g life, even if retired)		ID OF BUSINESS OR SUSTRY		,	12. CITIZEN OF WHAT COUNTRY 2
rtificate be exemply sicion and control physicion and control please remote ovol, and in ony		Sport	s Writer		Vewspaper	Omaha,1	Vebr.	COUNTRYS
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affendi permit. ian, or r	(,,	yes	(If yes give was or dates af serv	21	4-09-7686 Mr	s. Frank Col	ley 924 Preston	Rd. Hagerstown,
+ w +		18. CAUSE OF D	DEATH (Enter only one cause pe ATH WAS CAUSED BY:	r line for	(a), (b), and (c).)	0		INTERVAL BETWEEN ONSET AND DEATH
s that t cian. d by th tronsit, cremo		FARI I. DE	IMMEDIATE CAUSE (a)	(00	nomary a	cc lescon		Tirues
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CIAI nific tiffice of Ho	CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING GCAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY OCCURRED	(Enter nature at injury in	Part I ar Part II at item 18.)	
IYSI nosp cer chec pt. c			MEDICAL EXAMINER)	DOJ IN	JURY OCCURRED 20e, PL	ACE OF INJURY (Hame, fai	rm, 20f. (City or town)	(County) (State)
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ND sed bed bed be S		21. I cert	ify that (I) (this hospital) aftend	ed the deceased fram_	fell 10,	19 6 7, to OCY 4, t 630 M, fram causes ond	19.6.7 that (I) (we) las
TOR TOR Hay		220. SIGNATURE		1 - 6	. 17.62, unu me	il dealli occolled d		2b. DATE SIGNED
REC 3 s 3 s 1 wi		500	.a. O (1) &	1/8/	12.711 M	.D. PHYS.	MED. DIRECTOR PHYS.	10-5-67
y be y be oge filec		22c. PHYSICIAN		7. / / V	<i>V</i> - G.L.	22d. ADDRESS	7113.	
HOSPITAI oge 4 may FUNERAL irector, po hould be fi		NAME (Type	Edward W. D.	itto	III, M.D.	217 W. Wa	ish. St., Hagersto	own, Md,
HOSP Poge 4 FUNE director	230	BURIAL, CREMAT	ION, 23b. DATE THEREOF		23c. NAME OF CEMETERY OR	CREMATORY .	23d. LOCATION (City or Town)	(Caunty) (State)
Poge Of Fun		REMOVAL (Specif	10/7/6	7	Rest Have	en Cemetery	Hagerstown-Was	hington-Md.
VR A15 (4)		FUNERAL DIRECT	OR/s Dey. G. N	4101	ADDRESS	2Sa. R		ARESIGNATURE
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	MARYLAND STATE DEF Division of STATISTICAL RESEARCH AND RECORDS, 301	
	14528 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 14538
	o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Md. b. COUNTY Wash.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ruzal Smithsburg 3 years	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) rural Smithsburg
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) RFD 3	d. STREET ADDRESS RFD 3 e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle DECEASED (Type or print) Daniel Eugene Deiffende:	Paniii .
	S. SEX male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED DIVORCED 8	5-10-64 Tog birrindoy) Months Doys Hours Min.
d	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Waynesboro, Pa. 12. CITIZEN OF WHAT COUNTRY?
	Albert J. Deiffenderfer	14. MOTHER'S MAIDEN NAME Dianna Mason
		NFORMANT Address bert Deiffenderfer, Smithsburg, Md
	18. CAUSE OF DEATH (Enter only one couse per line, for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	fuere Smals-e cui - INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove) (b) Coulor Leson	Homonts.
	rise to immediate couse (o), stating the underlying couse lost.	
TION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO I	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{NO} \)
CEDTICACA	200. EXTERNAL CAUSE WAS PRIMARY BOT CONTRIBUTING CAUSE OF DEATH. STOVE Exploded Stove Exploded	Enter noture of injury in Port I or Port II of item 18.) - Trapped ou Second Floor- of Home.
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLAC While Not While forty	E OF INJURY (Home, form, 20th (Gity or town) (County) (State) on, street, office bldg., etc.) Surfylishing wash Md
	21. I certify that I took charge of the remains described above, hel	d on Autopsy , Aspection , Mauiry , and in my opinion
	death resulted fram: Natural causes , Accident , Suici	ide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED
	SIGNATURE CLUBECK W 1500 DIL	_M.D. ASSISTANT MEDICAL EXAMINER DEPUTY
) =	230. BURIAL, CREMATION, BUTCH SELLY 9-7-67 Rose Hill Co	
A	24. FUNERAL DIRECTOR Minnich Funeral Home, Hagerstown	

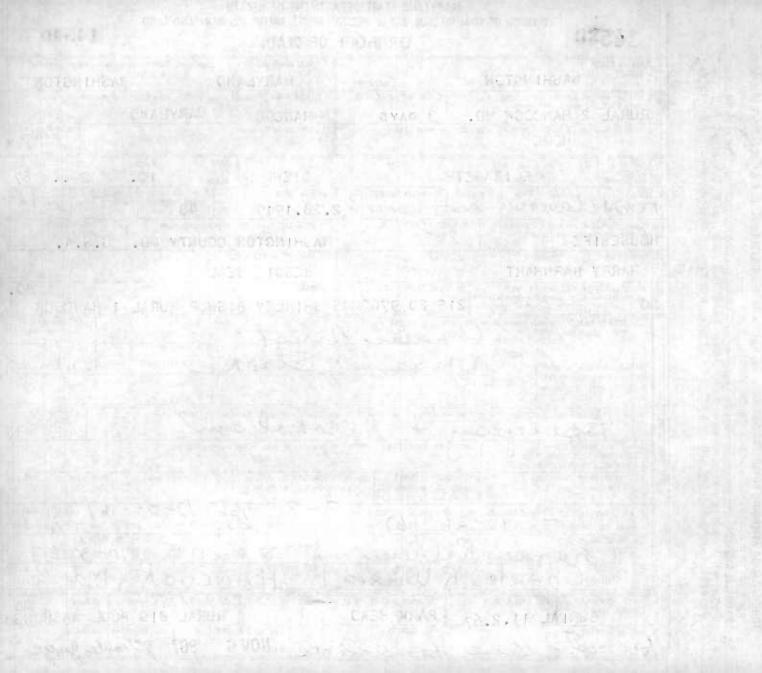
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #5,0, CEDITIES OF DEATH

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是對人	1. 1	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if ins	titution: Residence before admission)
	1	WASHINGTON	MADVIAND	o. state b. (COUNTY
afte /		D. CITY OR TOWN (If outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write	Washington
Pages urs afte	1	write RURAL and give nearest tawn)			
haurs		HAGERSTOWN	61 days	Hagerstown Maryla	and 2/1/
0.	(I. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
71	T	ESTERN MARYLAND STATE	HOSPTTAT.	41 W. North Street	
		NAME OF # First	Middle		Month Doy Year
		DECEASED Type or print) Laura	Rarbel D	obbins OF DEATH	10 5 1967
	5.		RRIED DE NEVER MARRIED B	B. DATE OF BIRTH 9. AGE (In year	S IF UNDER 1 YEAR IF UNDER 24 HR
			OWED DIVORCED	april 6,1900 G7 y	
			10b. KIND OF BUSINESS OR	CCP/21/6,1960 67 yi V. BIRTHPLACE (County & State, ar fareign country)	12. CITIZEN OF WHAT
	duri	no most of working life even if retired)	INDIISTRY		COUNTRY?
	-		Private family	Hagerstown Maryla	ind USA.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	15	Edward Dangerf:	ield	Caroline White	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II		ddress
	(ye	s, na, ar unknawn) (If yes give war ar dates af service	215-14-1011 Ge	eorge Dobbins 41 W.	North St.
		18. CAUSE OF DEATH (Enter only one cause per		TOTAL DOUBLING AL W.	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Carcinoma o	Compagas	ONSET AND DEATH
		157 X IMMEDIATE CAUSE (a)	page mome d	+ pancreas	6 11103.
		Conditions, if ony, which gove)			
		rise to immediate couse (a)			
		stating the underlying cause DUE TO			
		last.) (c)			
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
2	ATIC				YES NO
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
	E.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor		E OF INJURY (Home, form, 20f. (City or tawr	(County) (Stote)
	MED	Haur a.m.		ory, street, affice bldg., etc.)	
		Filte	at wark U at wark U	8-9-67.19 ta 10-	5 , 1967, that (I) (we) 1
		21. I certify that (1) (this haspital) saw the deceased alive an	0- 5 1967, and that	death accurred at 6 75 AM, fram caus	es and an the date stated abo
		22a. SIGNATURE	0 19 A 7 , dild illul	dealif accorded at 2 - 7 mm, fidin coos	22b. DATE SIGNED
		220. SIGNATURE	120.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	H 10-5-67
		on Duncy Duncy O	1 acres M.D		
1		22c. PHYSICIAN'S NAME (Type) Edwin	9. Riley, mid	22d. ADDRESS western md.	Stale Hospital
0					
()	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAMZ OF CEMETERY OR C		, , , , , , , ,
N		Burial 10-10-19	Company of the Compan	emetery Hagerston	wn Maryland
1	24	FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR 25b	REGISTRAR'S SIGNATURE

10235 12-1-1-1 bet days to the transfer waster and SUBSTRUCT OF SUBST Laura Rachel Dubbins 10 5 appil 6,1900 67 Beneimona of paneceas Contract. 19 5-01 BAS 19-6-8 LT 2-01 Olling 13 1 Rey 1000. -10567 Her of alternay Ered. Herpelow

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14543

CERTIFICATE OF DEATH

22	1				CENTII	ICAIL	OI DEATH					
by the tuneral Pages 1 and 2 nours after death	N	PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceose	d lived, if institu	tion: Residence	before odmi	ssion)
- P(1/	U	o. COUNTY	Washin	ston	MARY	rland	o. STATE	ruland	b. cou	1.4 1	inata	TOTAL
thin 72 hours after	1	b. CITY OR TOWN	If outside cornorate limit	c	c. LENGTH OF STAY I		c. CITY OR TOWN (If o				nearest town	
		write KUKAL an	d give neorest town) Agerstown		83 4	IKA.	Su	nithsbu	ra.		21.1	
		d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospitol,	give street oddress)		d. STREET ADDRESS	70073077	4		e. IS RI	ESIDENCE
79		Was	hington Co	unty Ho	spital		R	# 2				FARM?
/ /	3.	NAME OF		irst	Middle		Lost	4. DATE	Mor	th		Year
		DECEASED (Type or print)	Ma	ude	Glenn		Eckstine	OF DEATH	Octob	er	4 1	967
	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8 🔲	. DATE OF BIRTH		AGE (In veors	IF UNDER 1	YEAR IF UNI	DER 24 HRS.
		Female	White	WIDOWED	DIVORCED		Feb. 8, 1879		last birthday) yrs.	Months	Doys Hour	rs Min.
	100	. USUAL OCCUPATION	(Give kind of work done	10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (Count	y & Stote, or fore	ign country)		ZEN OF WHAT	
	ugi	House	life even if retired)		Own Home	2	Springs	field, 9	U.	(00	USA	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	Your S			
	L			5 Glenn			Margare NFORMANT Lutie Blic	et Coll	iflower	The same		
-	15	WAS DECEASED EVI	R IN U.S. ARMED FORCES? (If yes give wor or dates	of cervire)	SOCIAL SECURITY NO.	17. 11	NFORMANT		Addr	ess		- 14
	Ĺ	No	, , , , , , , , , , , , , , , , , , , ,	22	20-54-3830	Mrs	Lutie Blic	ckensta	ff R#	2 Smi	thsbu	rg, Md.
		18. CAUSE OF D	EATH (Enter only one co TH WAS CAUSED BY:							- 1	INTERVAL I	BETWEEN
demanding of remova		7 0 1	IMMEDIATE CAUSE		n's Myo ca	Nom	IMPMER	NA.			ONSET AND	4763.
		Conditions, if any, which gove) (b) Aret Scioscistatic C-V Disease									Yes.	
		rise to immediat	e couse (o), (\-/-	الضراه والمناجدة	2776	C- 0 2125	2275			188	•
		Stoting the underlying couse DUE TO									YRS	
											19. WAS AUTOPSY	
-	CERTIFICATION		Similari constitutions	- CONTRIBUTION	DOT HOT KEE	AILD TO II	TE TERMINAL DISEASE CO	MUNITON ONEN	IN LAKE ((0)		PERFOI YES	RMED?
d	IFICA	20o. ACCIDENT WA	S UNDERLYING	20b. DE	SCRIBE HOW INJURY OF	CCURRED. (Enter noture of injury in	Port Lor Port	II of item 18)] IE3 []	NO M
3.9	CERT		CAUSE OF DEATH MEDICAL EXAMINER)				,					
	MEDICAL	20c. TIME OF INJ	JRY Month, Doy, Yeor	20d. II	NJURY OCCURRED		E OF INJURY (Home, far		(City or town)	(Coun	ty)	(Stote)
- 61	MEC	Hour 'o.i	10	While of worl		focto	ory, street, office bldg., etc	.)				
		21. I certi	fy that (I) (this has	pital) atten	ded the deceased	fram_\\	SEPT	1963, ta	Oct H	196	7, thot (I)	(we) last
		saw the d	eceased alive an_	Dea	1967,	and that	death accurred a	339 PM,	from causes	and on the	date stat	ed above.
		220: SIGNATURE	4 -				ATTENDING	MED.	STAFF _	22b. DAT		
1		<u> </u>	Don			M.D.	. PHYS.	DIRECTOR L	PHYS.	160	ct. 196	7
-1		22c. PHYSICIAN'S NAME (Type	W.M. F	ENDO			22d. ADDRESS 218 N. Ca	FORME S	ST. HAG:	SISTOWN.	Mozi	740
nd	230	. BURIAL, CREMATIO	ON, 23b. DATE TH		23c. NAME OF CEME	TERY OR C			ATION (City or To		County)	(Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14546

FOR STATE	1	14535 MEDICAL EXAMINER	'S C	ERTIFICATE OF DE	ATH	14546	
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irector. Pag anined far y anined far y IRECTOR: P		21. I certify that I took charge of the remains described above, death resulted from: Notural causes , Accident , S			ection, Inqui Undetermined mo		in my opin
and		ACTUAL SIGNATURE SIGNATURE		M.D. ASSISTANT MEDICAL EXAMIN	AMINER		22. DATE SIGN
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VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Washington a. STATE Md. Wash. MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Hagerstown c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b life Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREFT ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital 947 W. Washington St. NO death certificate be executed within 3. NAME OF etel First Middle Last DATE Year DECEASED Elmer 19 67 Carl Gibney 24. October (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days 6-13-91 male white DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Weaver

10b. KIND OF BUSINESS OR INDUSTRY

INDUSTRY

ribbon mfg. 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Washington Co. . Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Gibney Mary Hose 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 5 (Yes, no, or unkown) | (If yes give war or dates of service) 214-09-1879 Edith M. Gibney, Hagerstown, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUF TO Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES TO NO I PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work P 21. I certify that (I) (this hospital) attended the deceased from . 19 . to 19_____ that (I) (we) last saw the deceased alive on and that death occurred at_ M. from the causes and on the date stated above. 22b. DATE SIGNED SIGNATURE 22a. MED. DIRECTOR 16-25-67 M.D. PHYS. director, pe PHYSICIAN'S 22d. ADDRESS NAME (Type) John J. Donoghue 580 Northern Ave., Hag., Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 10-26-67 Rest Haven Cemetery Hagerstown, Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Minnich Funeral Home, Hagerstown, Md.

VR AIS 20M

Rednildes . Stiglie . . . Same with the spitel in the spitel in the spitel in the spitel state of the spitel sta the section of the se . The modeling Tendino elicos Allego-1079 Salta H. albasy, Haroreson, Ho. Name (Manager Menty) John . Some caus 580 Joy ave de ave. Sens ones . Sens . es amio anemais victured neval Japan Td-oS-OI Triend Minnight Funnight Home, Hagaratown, Me.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14533 FOR STATE 14548 HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY Washington o. COUNTY Washington Maryland MARYLAND delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)
Hagerstown CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestnut Grove DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? form Washington County Hospital RFD#1, Keedvsville. NO NO in Item 18. Give Poges r's Office along with for YES This certificate should be executed within 24 hours after death. 3 NAME OF First Middle DATE Month Lost Dov Year DECEASED DEATH October 8, 1967 (Type or print) Rosa Rell guo S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TX B. DATE OF BIRTH AGE (In years NEVER MARRIED Months Hours July 29,1908 White deoth. Female WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 72 hours after Housewife Own Home Samples Manor, Md. Examiner's poges TISA pencil 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Rosa Bell Mills permit. File Daniel Behan Hanes = 17. INFORMANT Mr. Walter S. Wiefft 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES:
(Yes, no, or unknown) (If yes give wor or dates of service)
220-10-5832 Medicol 'pending" within RFD #1, Keedysville, Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY: ONSET AND DEATH e, writing the ward "per forwarded to the Chief event IMMEDIATE (AUSE (a) Coronary Occlusion Few minutes DUE TO ony Conditions, if ony, which gove Arteriosclerotic Heart Disease Several years rise to immediate couse (o), = DUE TO stoting the underlying couse D puc 05 lost nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY or removol, PERFORMED? CERTIFICATION certificote, NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH cremotion, MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While may be retained far your FUNERAL DIRECTOR: Page ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection ox Inquiry and in my opinian deoth resulted from: Natural causes x. Accident Suicide [Homicide Undetermined manner please CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE funerol 10-9-67 necessory, DEPUTY MEDICAL EXAMINER TX **EXAMINER'S** Heolth Address (Street, city, town, or county) Hagerstown. Md. D. E. W. Ditto. Jr. NAME (Type) DATE THEREOF 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 REMOVAL (Specify) Burial 10/12/67 Samples Manor Cemetery Samples Manor NERAL ARECTOR 24. VR A15ME (5 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14539 14549 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Washington o. STATE Maryland i campletely filled in by the rumance carbon papers. Pages I or MARYLAND Washington b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TDWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 16 Hagerstown 16 Mos Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Friendship Manor Nursing Home 869 Mulberry NO K 3 NAME OF Middle DATE First Last Manth Year DECEASED (Type or print) GILBERT ELIZABETH AMELIA 9 1967 Oct 19 DEATH IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR S. SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Hours Female Whi te and in any 1883 WIDOWED * DIVORCED Aug 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) please Retired COUNTRY attending physician sermit. Then please Hagerstown Wash Co Md. Seamstress 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removal, Susan Shugart William E. Householder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Mrs Hilda Long 869 Mulberry INTERVAL BETWEEN CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).) Hagerstown Md. signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO ed far use as the l af Health priar tab stating the underlying cause last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION Sinus NO ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) FUNERAL DIRECTOR: After this Hour a.m. foctory, street, affice bldg., etc.) Not While at work e deceased fram 1-24 , 1965—ta 10-5 , 1967, that (I) (we) last 187, and that death accurred at 3 M, from causes and an the date stated abave. 21. I certify that (1) (this haspital) attended the deceased fram 1-24 director, page 3 shauld should be filed with the saw the deceased alive an 10-9 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. REMOVAL (Specify) 10/11/67 Green Hill Cemetery Waynesboro Franklin 2 2Sb. REGISTRAR'S SIGNATURE Hagerstown Md. **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Charles Coffman Funeral wome Inc hdrew K.

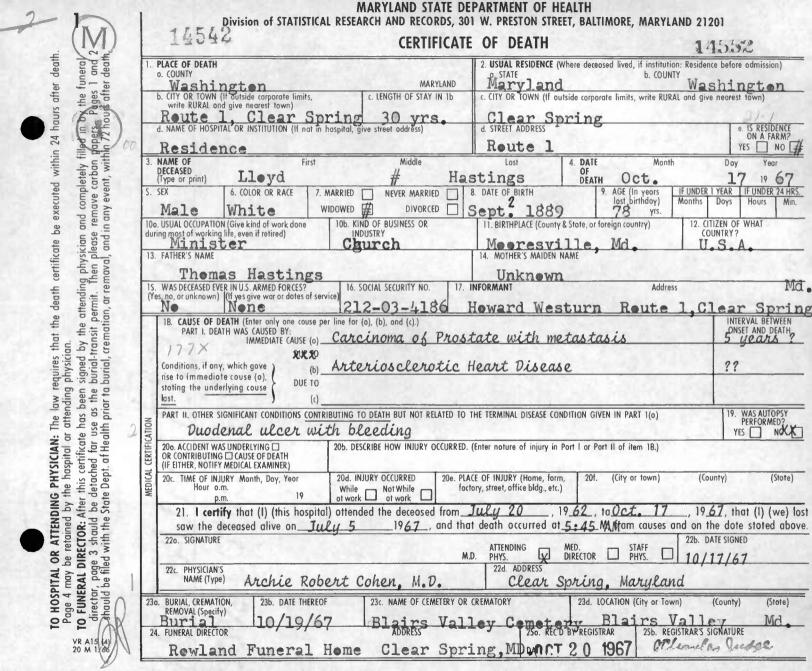
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14551 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY WASHINGTON MARYLAND MARYLAND ours after PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) HAGERSTOWN c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 9 YEARS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled) paper. 112 SOUTH PROSPECT STREET 112 SOUTH PROSPECT STREET NO XX YES WITHIN 3. NAME OF Middle First Lost 4. DATE Month Doy Year corbain DECEASED etel OCTOBER 19 67 GROSS 11. HARRISON RUGENE (Type or print) DEATH IF UNDER 1 YEAR S. SEX 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED remove birthdoy) Months Dovs Hours JULY 6, 1889 ony WIDOWED DIVORCED WHITE MALE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) RETIRED TELEGRAPH RATIROAD attending physicion termit. Then please ond PAW PAW. WEST VIRGINIA 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME NETTIE ZEILER ALEXANDER GROSS 11dess. PROSPECT ST. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dates of service) 0 MRS. EUGENIA G. KNOTT, HAGERSTOWN, MARYLAND 705-05-8035 NO cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH buriol-transit heart distery & antic Struction anterioschnotic DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO the hospital ar certificote 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) While Not While ot work ot work 4-30, 1952, to 10-11, 1967, that (1) (West last 21. 1 certify that (I) (thrix hossyitate) attended the deceased fram be retained 9-18 1967, and that death accurred at 3.20 PM, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING 10/12/67 M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S Page 4 moy FUNERAL NAME (Type) 154 W. WASHINGTON ST. HAGERSTOWN, MD. JOHN H. HORNBAKER. M.D. director, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) REMOVAL ALLEGANY CO. 10/12/67 MARYS BURIAL PARK CUMBERLAND. 0 REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 250. VR A15 (4)

CHARLES M. ROUZER HAGERSTOWN MARYLAND

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		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		14543 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1.	
N.A.	-	a, STATE b. COUNTY
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		d NAME OF HOSPITAL OR NSTITUTION (If not in hospital, glye street address) d. STREET ADDRESS e. IS RESIDENCE
Page 5 Pa		DOH WASHINGTON County HOSPITAL
E TE	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED
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th. If a ges 1, 2 form P form P within	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
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rted within in pencil i Examiner's ssit permit. or removal		18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
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te, vorwa	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory) street, office bldg., etc.) While Not While Some Annual Street, office bldg., etc.)
NER fica se 3	MED	130 p.m. 16-14 167 at work at work of further fighers
AMI Cert S. Pa		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my opinion
MEDIAL EXAMINER RECURE the Certifical Page 4 should be 1 for your files. It DIRECTOR: Page 3 for its designated 4		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
Done of the first		ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
execute Page I for you RAL DIRE		DEPUTY MEDICAL EXAMINER X 10/15/67
DEPUTY Nease exerctor. Parameter for Funeral for Health of the formal for the formal f		NAME (Type) E. W. DITTO JR. M. D. 215 W WASHINGTON (Street, XIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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Tor de la	24	KENGVAL 10/13/6/ MINSSANOTEN CEMERRY WoodSTOCK
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5M 1/65	-	CHARLES M ROUZER HAGERSTOWN MARYLAND DATACT 1 9 1967 VILLENCES YMARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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ERTIFICATE OF DEATH

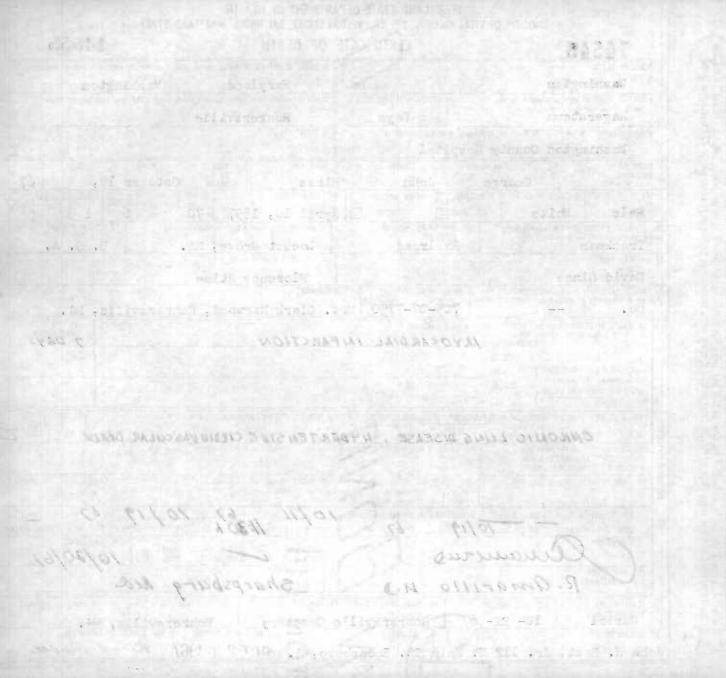
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1. PLACE OF DEATH o. COUNTY We	rshington		MAR	YLAND	2. USUAL RESIDENCE (o. STATE Mary	Where deceosed	d lived, if institut b. COUI	ion: Residence NTY Wash	e before ac	dmission)
b. CITY OR TOWN (If autside	carporate limits,		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If a	utside carporate	limits, write RUI	RAL and give	nearest ta	wn)
write RURAL and give ne			Life		Hage	rstown			,	2/-1
d. NAME OF HOSPITAL OR IN	STITUTION (If not in	haspital, giv	e street address)		d. STREET ADDRESS					RESIDENCE
Washing	iton Coun	ty Hos	pital		126	Alexan	der Sto			N A FARM?
3. NAME OF	First		Middle		Last	4. DATE	Mont	h	Doy	Year
(Type or print)	Berna	rd	Boyle		Henesy	OF DEATH	Octo	per	30	1967
		MARRIED [NEVER MARRIE	D 🔲 8	B. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1		UNDER 24 HRS.
Male Wh	rite	WIDOWED [DIVORCE	D 🔲	July 15, 190	14	birthday)	Manths	Days H	laurs Min.
100. USUAL OCCUPATION (Give kin			OF BUSINESS OR		11. BIRTHPLACE (County	& State, or fore	ign country)		ZEN OF WI	HAT
during most of working life, even	in retired)	Or	istry Mfg.		Hagersto	wn Md.		COL	NSA A	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	1-9-19-19-19			
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IS. WAS DECEASED EVER IN U.S.	ARMED FORCES?	16. SO	CIAL SECURITY NO.	17. 1	NFORMANT		Addre	ess	1.00	Md.
(Yes, na, or unknawn) (If yes giv	ve war ar dates at sei	214	-09-2943	Mrs	B.B. Henesu	126 A	lexande!	E Stall	aaers	town.
18. CAUSE OF DEATH (Ent. PART I. DEATH WAS O	ter anly ane cause p AUSED BY: MEDIATE CAUSE (a)	1/ .	a), (b), and (c).)				Lastan		INTERV	AL BETWEEN AND DEATH
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rise to immediate cause stating the underlying ca	(0),					- 2 TE	2 TA V			
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20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL I	OF DEATH	20b. DESCI	RIBE HOW INJURY O	CCURRED. (Enter nature of injury in	Part I ar Part I	I of item 18.)		1	
20c. TIME OF INJURY Man Hour o.m. p.m.	th, Day, Year 19	20d. INJU While at wark	JRY OCCURRED Not While at work		E OF INJURY (Home, farm ory, street, office bldg., etc.		(City or town)	(Caur	nty)	(State)
21. I certify that saw the deceased	(I) (this hospital	u) attende	d the deceased	from O and that	death occurred at	9 <u>67</u> , to.	from causes	2_, 19 <u>6</u> and on the	, that e date s	(I) (we) las
220. SIGNATURE		1 %/				MED			E SIGNED	
1 chward	WIN	110	111	M.D	. PHYS.	DIRECTOR [STAFF PHYS.	11-	1-6	7
2Zc. PHYSICIAN'S NAME (Type) Ed	ward W. I	Ditto,	III, M.I).	22d. ADDRESS 2 Hagersto	17 W. V wn. Mai	ashingt yland	on Sti	reet	
23a. BURIAL, CREMATION,	23b. DATE THEREO	F	23c. NAME OF CEM	ETERY OR (ATION (City or To	wn) (Caunty)	(State)
REMOVAL (Specify) Surval 24. FUNERAL DIRECTOR	11/2/67		Rose H	illo	emetery PECT		rstown-		aton-	Md.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in buttee feneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages A and should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 habrs after lead VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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equires that the physicion. signed by the buriol-tronsit buriol, cremat		18. CAUSE OF DEATH PART I. DEATH V 4.2.0 / Conditions, if ony, whrise to immediate costoting the underlyin lost.	VAS CAUSEO BY: IMMEDIATE CAUSE OUE ich gove ouse (o),	(o)	r (o), (b), ond (c).)	L /W	FAR	CTION				INTERVAL BETWEEN ONSET AND DEATH TO BY
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Page 4 may be retoined by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate hos been a director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to be a should be filed with the State Dept.	CERTIFICATION	20o. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MED	DERLYING AUSE OF DEATH	20b. D	DISEASE , ESCRIBE HOW INJURY	H 4 PA	ERT (Enter not	ENSIVE ture of injury in	Port I or Po	UVAS CULA ort II of item 18.)	R DISEAS	
DING PHYSIC by the hospi ffer this certi be detached Stote Dept. o	MEDICAL	20c. TIME OF INJURY Hour o.m.	Month, Doy, Yeor	20d. While				URY (Home, form , office bldg., etc.		(City or town)	(Count	ty) (Stote)
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D HOSPITAL OR ATTENDING Page 4 may be retained by the process of t		220. SIGNATURE	lina			M.C	D. PHYS		MED. DIRECTOR	STAFF PHYS.	22b. DATE	120/67
FPITAL 1 may or, pog d be fill		22d PHYSIETAN'S NAME (Type)	2. amo	7-111				Sha.			12	
TO HOSPITAL Page 4 may by TO FUNERAL Director, page should be file		BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THI 10- 2		23c. NAME OF C			netery		OCATION (City or To Rohrersvi	lle. Mc	ounty) (Stote)
VR A15 (4)		FUNERAL DIRECTOR			ADORESS				D BY REGIS		EGISTRAR'S SIG	
25M 1/67	Jo	hn H. Bast	t, Jr. 11:	2 N. M	ain St. B	oonsbo	ro,N	d . DATE !	123	1967	when the	1 Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14548 CERTIFICATE OF DEATH 14556 deeth after death and PLACE OF DEATH funera 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY WASHINGTON WASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) the c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 72 hours HAGERSTOWN HAGERSTOWN LIFE ed in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 92 WEST WASHINGTON STREET GARLOCK CONVALESCENT HOME NO TX within YES ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pou 3. NAME OF First Middle 4 DATE Month Dov Year completely DECEASED EARL HOOVER OCTOBER 13, event, WITMER 1967 Car (Type or print) DEATH 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS last birthdoy) Months Hours and in any JULY 30. 1905 MALE WHITE WIDOWED DIVORCED X and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? S.A. during most of working life, even if retired)
MACHINIST HELPER **INDUSTRY** RATIROAD WASHINGTON CO. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. SILAS M. HOOVER NANNIE K. SOUDERS 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 217 ALBERTSON AVE. permit. (Yes, no, or unknown) (If yes give wor or dotes of service NO burial, crematian, MRS. ELLEN F. FORSON. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH signed by IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse has been d far use as the of Health priar to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (1) (xhisxhipspirod) attended the deceased fram. 1966, to 10-13 ., 1967, that (1) , page 3 shauld be filed with the 1962, and that death occurred at 50% M, from couses and an the date stated above. sow the deceased olive an 10-6-220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) EDWARD 217 W. WASHINGTON ST. HAGERSTOWN, MD directar, 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) BURIAL 10/16/67 ROSE HILL CEMETER HAGERSTOWN 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 25M 1/67 CHARLES M. ROUZER HAGERSTOWN. MARYLAND

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove (arbae-papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 moy be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14558

CERTIFICATE OF DEATH

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1	PLACE OF DEATH a. COUNTY	Washington		MARYLAND	- CTATE	Where deceased lived	, if institution: Res b. COUNTYWa	shington
	b. CITY OR TOWN (If autside carparote limits,		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	utside carparate limits	, write RURAL and	give nearest tawn)
	write RURAL and	d give negrest tawn) Hagerstown		7 urs		rstown		21.1
	d. NAME OF HOSPIT	AL OR INSTITUTION (If nat in h	naspital, giv		d. STREET ADDRESS	- COUCHT		e IS RESIDENCE
7		ington County		ital	709	Marshall	St.	ON A FARM? YES NO 🔀
3.	NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Day Year
	(Type or print)	Oda		Christina	Hughes	DEATH O	ctober	1 1967
S.	SEX	6. COLOR OR RACE 7. N	MARRIED 2	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years FUN	
	Female		IDOWED [DIVORCED	Jan. 16, 190		irthday) Mont yrs.	
	a. USUAL OCCUPATION Iring most of warking	(Give kind of work done		O OF BUSINESS OR	11. BIRTHPLACE (County		intry) 12	2. CITIZEN OF WHAT COUNTRY?
L	Cateter		1110	Good	Ridgel	ey,	W.Va.	USA
13	3. FATHER'S NAME	Maria Calleria Maria			14. MOTHER'S MAIDEN			
		Carson Har	per		Ca	urie Star	ks	
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SC	CIAL SECURITY NO. 13	. INFORMANT		Address	
(Y	(es, na, or unknawn)	(If yes give war ar dates af serv	2/2	1-24-1864 M	2. 9. M. Hughes	709 Mars	hall St.	Hagerstown, Md.
		EATH (Enter anly ane cause pe IH WAS CAUSED BY:				0.0000	11.	INTERVAL BETWEEN ONSET AND DEATH
	1 /	IMMEDIATE CAUSE (a)	uou	eno Carc	moma of	g all blo	d der	
	155	DUE TO	1 -	the melas	tania to	0-		14V
	Canditians, if any		we	th meta-	- 0) (twee		
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1	lost.) (c) _						
z	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRI	BUTING TO	DEATH BUT NOT RELATED 1	O THE TERMINAL DISEASE CO	NDITION GIVEN IN PA	RT 1(a)	19. WAS AUTOPSY PERFORMED?
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CERTIFICATION		SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURRI	D. (Enter nature af injury in	Part I ar Part II af it	em 18.)	
MEDICAL	20c. TIME OF INJ	JRY Month, Day, Year	20d. INJ		PLACE OF INJURY (Home, farn		or tawn)	(County) (Stote)
MEC	Hour 'o.r	10	While at wark		octory, street, office bldg., etc.)		
		fy that (I) (this hospital			7/18/66	19to		19, that (1) (we) las
		eceased alive an 10	11/6					n the date stated above
	22a. SIGNATURE	D al	1	1 04			221	DATE SIGNED
		KoberlV	he	sung hell	M.D. PHYS.	MED. DIRECTOR D	TAFF PHYS. \square	10/2/67
	22c. PHYSICIAN'S NAME (Type)	Robertv	1. h.	Campbe	11 22d. ADDRESS	agersT	OWY	
23	BO. BURIAL, CREMATIO			23c. NAME OF CEMETERY	OR CREMATORY .	23d. LOCATION	(City or Town)	(County) (Stote)
	REMOVAL (Specify	10/4/67		Rest Have	en Cemetery	Hagers	town-Was	hington-Md.
2	24. FUNERAL DIRECTO	RW Leu . C.V	4000	ADDRESS		D BY REGISTRAR	2Sb. REGISTRAI	
	Rest Hav	en Juneral Ch	apel	Hagerstown	,Md. DATOC	T 6 196	your	wes Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14548

230. BURIAL, CREMATION,

REMOVAL (Specify)

Surra

23b. DATE THEREOF

Rest Haven Funeral Chapel

CERTIFICATE OF DEATH

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Wash	ingi	ton	
and give	e nearest	town)	
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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution a. COUNTY a. STATE b. COUNTY Washington Maryland MARYLAND c. CITY OR TOWN (If autside carporote limits, write RURAL b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give, nearest tawn) Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Washington County Hospital 937 Oak Hill Ave. 3. NAME OF Middle 4. DATE DECEASED Selden Humphrey October yeorae (Type or print) DEATH S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Aug. 11.1886 White Male WIDOWED K DIVORCED 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) lectric Power Co. Bellville, W. Va. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Clara E. Stevenson John Edwin Humphrey IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 02043 (Yes, no, or unknown) (If yes give war ar dates af service Geo. N. Humphrey 42 High St. Hingham, Mass. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Arterioscleratic Heert Dispers Conditions, if ony, which gave rise ta immediate cause (a). DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour a.m. While Nat While factory, street, affice bldg., etc.) at wark L , to Oct. 21. I certify that (I) (this hospital) attended the deceased fram JEM, 19 67, and that death accurred at 6: 45 PM, from causes and an the date stated above saw the deceased alive an Oct ATTENDING STAFF PHYS. DIRECTOR 22c. PHYSICIAM NAME (Type 22d. ADDRESS Notome

23c. NAME OF CEMETERY OR CREMATORY

Hagerstown Md

Rest Haven Cemetery 250! RECT BY

23d. LOCATION (City or Town)

Hagerstown-Washington-Md

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haws after death carban remaya 10 þ the haspital ar attending physician. burial, of Health prior to After this certificate has been for use detached State Dept. be retained TO FUNERAL DIRECTOR: r, page 3 shau be filed with t TO HOSPITAL director, shauld b VR A15 (4) 25M 1/67

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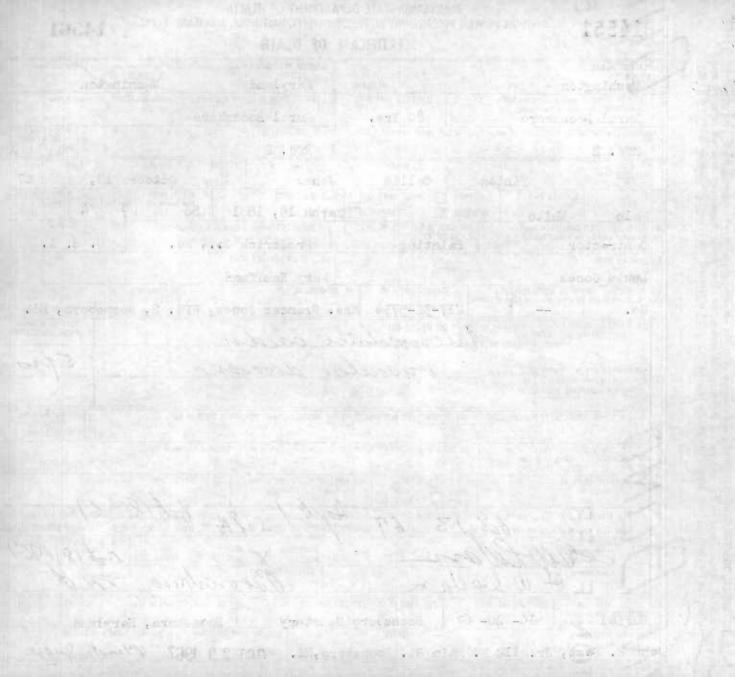
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14550 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14560 FOR STATE HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) O. COUNTY WASH. o. STATE b COUNTY 2, and 3 to PM3. Page Md. Wash. MARYLAND delay b. CITY OR TOWN (if outside carparote limits, write RURAL and give nearest town)

Hagerstown c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS New York Works 833 Maryland Iron YES NO. Ave. the State 24 hours after death. 3. NAME OF Middle 4 DATE First Inst Month Doy Year DECEASED Richard Franklin Johnson 17 67 October within (Type or print) DEATH 19 Item 18. Give Office alang IF UNDER 1 YEAR S. SEX 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED XX NEVER MARRIED Ī Jost birthdoy) Months Days Hours White Male May 5, 1943 WIDOWED DIVORCED event 0 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) I HOUSTRY Works COUNTRY? Clear Spring Md. any d 'pending' in pencil in Chief Medical Examiner's bages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within .5 Evelyn Mullin Thomas E. Johnson File pup Mrs. Elizbeth Johnson . 16. SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Hagerstown (Yes, no or unknown) (If yes give wor or dates of service used as a burial-transit permit. burial, crematian, ar remaval, 217-42-9455 Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: onset and Death sudden Crushed skull IMMEDIATE CAUSE (o) e, writing the ward farwarded ta the Ch This certificate shauld DUE TO Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) the certificate, NO X designated agent, priar ta 20o. EXTERNAL CAUSE WAS PRIMARYAS or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) shauld Industrial accident-steel frame fell on victim CAUSE OF DEATH 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 10/1719 67 While of work of work foctory, street, affice bldg., etc.)
Factory Hour a.m. FUNERAL DIRECTOR: Page of work 10:55xx Hagerstown, Wash., Md. please execute 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection X Inquiry . and in my opinian Natural causes Accident King Suicide death resulted from: Undetermined monner Homicide be retained 10/18/67 CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ar its ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 580 Northern AVe. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Hagerstown, Md. Howard N. Weeks, M.D. may NAME (Type) Health 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23c BURIAL CREMATION, 23b. DATE THEREOF (Stote) 2 Rose Hill Cemetery Md. 10-20-67 Hagerstown 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15ME 6M 1/66 Minnich Funeral Home Hagerstown Md. DATE NOT 9 1

MARYLAND STATE DEPARTMENT OF HEALTH

MANAGE OF TAMESTERS A REMOVAL WHILE THE TAMESTERS AS TO SEE THE TAMESTERS AS T de la companya del companya de la companya del companya de la comp all minutes to the state of the Describe of Comments toto standard " monthly district of the obtained



YEAR IF UNDER 24 HRS Months Days Haurs 12. CITIZEN OF WHAT COUNTRY? A. Address Mrs Gladys Kayser Rd. 4. Hag. Md. INTERVAL BETWEEN DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse lost WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN-PART 1(a) PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (Stote) 20c. TIME OF INJURY Manth, Day, Yeor 20d. INJURY OCCURRED (City or town) (County) factory, street, affice bldg., etc.) Hour o.m.

October 1967, and that death occurred at 2:30 PM, fram causes and on the date stated above.

MED.

2Sa. REC'D BY REGISTRAR

25

22d. ADDRESS

DIRECTOR

STAFF

PHYS

23d. LOCATION (City or Town)

Clear Spring

at work 21. I certify that (1) (this hospital) attended the desegsed fram 13 (Volume, 1967, to 2000

23c. NAME OF CEMETERY OR CREMATORY

Blairs Valley Cem.

sow the deceased alive an 20

Rewland Funeral Home

23b. DATE THEREOF

22a. SIGNATURE

22c. PHYSICIAN'S

23a. BURIAL CREMATION.

24. FUNERAL DIRECTOR

REMOVAL (Specify)

NAME Type

Washington

e. IS RESIDENCE ON A FARM?

19

Year

NO 7

YES

Dov

(County)

256. REGISTRAR'S SIGNATURE

(State)

law requires that the death certificate be executed within signed by the attending physician and completely burial-transit permit. Then please remave carbor crematian, be retained by the haspital or attending physician. as the TO FUNERAL DIRECTOR: After this certificate has been for use Health detached director, page 3

VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14553 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14563FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY b. COUNTY 0 Page WASHINGTON MARYLAND deloy b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and YRS. HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE d. STREET ADDRESS farm ON A FARM? FAIRGROUND FAIRGROUND NO Y be executed within 24 hours ofter deoth. 3. NAME OF Middle 4. DATE Year DECEASED in Item 18. Dive HARRY OWENS KING (Type or print) DEATH ce along 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Dovs Hours WHITE WIDOWED DIVORCED 8/25/1888 hours after death Yrs. 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) Chief Medical Examiner's Off COUNTRY? COAL MINE PENNSYLVANIA U.S poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN S. KING JENNIE JACOBS 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HAGERSTOWN permit. (Yes, no, or unknown) (If yes give wor or dotes of service) within 209-09-1319 MRS. NANCY P. KING MD. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-transit PART 1. DEATH WAS CAUSED BY ONSET AND DEATH event IMMEDIATE CAUSE (o) e, writing the word forworded to the Ch This certificate should DUE TO any herasclustic Hent Diseuse Conditions, if ony, which gove rise to immediate couse (a). _ DUE TO stoting the underlying couse puo lost PART II. QIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY or removol, PERFORMED? CERTIFICATION NO pe 20o EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should PRIMARY Or CONTRIBUTING should CAUSE OF DEATH. cremotion, MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While DIRECTOR: Page of work ot work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry 1 and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE / DEPUTY MEDICAL EXAMINER NAME (Type) Edward W. Ditte, III, M.D. Address (Street, city, town, or county 23o. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BURNTA (TY) 10/7/67 CEDAR LAWN MEM. PARK HAGERSTOWN WASH. MD . 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNA RE VR A15ME 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14554 14564 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Washington b. Wywederick Maryland MARYLAND within 72 hours after c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)
Hagerstown days Wolfsville d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? YES NO popers. d. STREET ADDRESS Washington Co. Hospital NAME OF Middle 4. DATE remove corbon Lost Day Year DECEASED OF DEATH 1967 event, oulse (Type ar print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED DATE OF BIRTH lost spirthday) Months Davs Hours Cave Nov. 12,1922 and in ony WIDOWED DIVORCED puo 1Da. USUAL OCCUPATION (Give kind of wark dane during most of working life even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT pleose Ownermome TICOUNTRYA Pa. attending physician sermit. Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Clarence Weaver Anna Metz res, na, or unknawn) (If yes give war or dates af service) 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. Raymond M. Kline, Routel, Smithsburg 0 cremation. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) MASSI DE **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physicion. DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying cause the last. 0.5 WAS AUTOPSY PERFORMED? hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home form-(State) 20c. TIME OF INJURY Month, Day, Year 201. (City or town) (County) Hour a.m. factory, street, office bldg., etc.) Not While-21. I certify that (1) (this hospital) attended the deceased from Hug 1960 to Oct saw the deceased alive an Oct 31 1967, and that death accurred at 4:01 M, fram causes and an the date stated above. FUNERAL DIRECTOR: 220 SIGNATURE 22b. DATE SIGNED DIRECTOR. director, page 3 M.D. PHYS PHYS 22d. ADDRESS PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION (County) (State) Wolfsville Md. Bur AL Specify) Nov.3,1967 U.B. Cemetery Fred 2 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR VR A15 (4 25M 1/6) Middletown, Md. 196 Gladhill Company

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2 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14565 CERTIFICATE OF DEATH
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nin 24 haurs '	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington County Hosp. d. STREET ADDRESS A2 West-Church St. e. IS RESIDENCE ON A FARM? YES \(\sigma \) NO \(\sigma \)
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cate be exe sician and colease remo	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 10c. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10c. USUAL OCCUPATION (Give kind of work dane look KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
ne death certificate be executed with attending physician and campletely permit. Then please remove capped in, or remaval, and in any event, wi	Samuel H. Fowler Rosie E. King 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Alvey J. Lamp 33 W. Church St.
equires that the physician. signed by the burial-fransit burial, cremati	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: HIMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), storting the underlying cause lost. (c) MIERVAL BETWEEN PROCESSION OF COLOR
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OR ATTEND be retained DIRECTOR: A ge 3 should led with the	21. I certify that (1) (this hospital) attended the deceased from
O HOSPITAL OR Page 4 may be O FUNERAL DIR director, page 3 shauld be filed	22c. PHYSICIAN'S NAME (Type) JOHN ST. STORNBAKER 12d. ADDRESS NAME (Type) JOHN ST. STORNBAKER 12d. Was huighout it storms from mr. 23o. BURIAL, CREMATION, BEMOVAL (Specify) 10-30-67 GREEN OWN Williamsport WASh. Md.
VR A15 (4) 25M 1/67	24. FUNERAL DIRECTOR 19 ADDRESS WASPT. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE HOWERL & How I FITHER West Potemac 5+ DATE NOV 1 1967 gClearles Judge

CONTRACTOR OF THE PROPERTY OF Authorized Statements See Section 1988 Hageryte of the state of the st restriction of the Company of the Co TROSE THE - LAMP THE FIRST FEMILE SYNTHEST X TO SERVE STATE OF THE STAT Summer A. Forte Waste E. King to the terminal of the second THE STATE OF THE PROPERTY OF SHARE OF SHARE STATE SHARE SHARE STATE SHARE SHAR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14555 14566 CERTIFICATE OF DEATH death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Washington o. STATE Washington within 72 haurs after Marvland MARYLAND b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R Davs Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Reid Washington County Hospital YES NO NAME OF Middle First Lost 4. DATE Month Doy Year remave carbon DECEASED MARGUERITE LEHMAN AL MA and in any event, DEATH October 1967 (Type or print) cample OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last pirthdoy) Months Hours Dovs July 10 1926 White WIDOWED DIVORCED Female and 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife Own H COMMISSA physician Cascade Wash Co Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, Sr Viola Wastler Ernest C. Larrabee 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCE S? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service permit. 217-32-1598Leater H. Lehman Jr Hagerstown R No INTERVAL BETWEEN Reid 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse stached far use as the Dept. af Health priar ta lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? has CERTIFICATION NO certificate 20o. ACCIDENT WAS LINDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) **DIRECTOR:** After this Hour o.m foctory, street, office bldg., etc.) Not While of work 1962, to 2024 19 6) that (1) (we) last 21. 1 certify that (1) (this haspital) attended the deceased from Jez director, page 3 shauld shauld be filed with the saw the deceased alive on. 196), and that death occurred at 740 M, from causes and on the date stated obove. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS TO FUNERAL NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF (County) Pa (Stote) Burial Burial Green Hill Cemetery WavnesboroFranklin 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Hagerstiwn 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Coffman Funeral Home Inc 196 Charles

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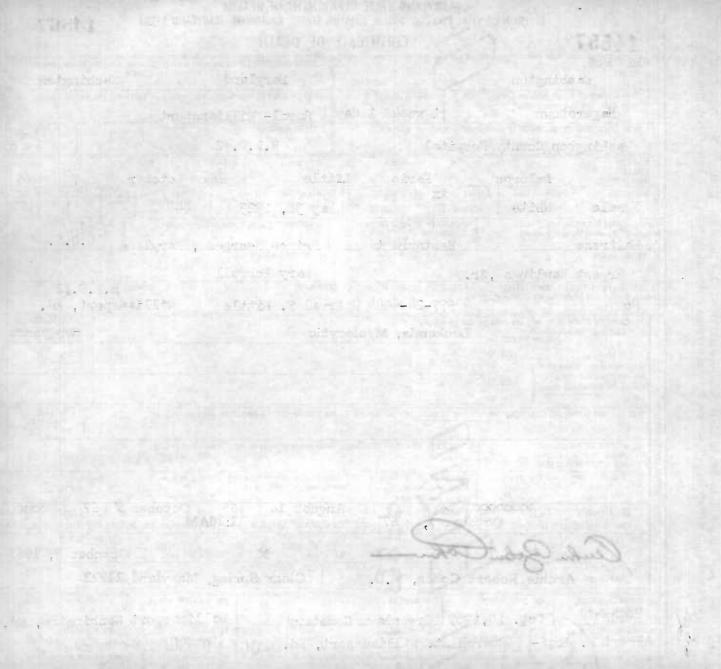
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Andrew K. Corimen Funeral cone Inc



Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

1								
	PLACE OF DEATH					Where deceosed lived, if instit		pefore odmission)
1	Washing	on		MARYLAND	o. STATE Maryland	b. (0)	ederick	
E	b. CITY OR TOWN (If outside corporate limits,		c. LENGTH OF STAY IN 16		utside corporate limits, write R		orest town)
	Hagersto	d give neorest town)		8 Days	Rural Mye	naville		100
		AL OR INSTITUTION (If not in	hospitol, c		d. STREET ADDRESS	SIBATTIE		e. IS RESIDENCE
		on County Ho	,		Rfd. 2			ON A FARM? YES TO NO
3. 1	NAME OF	First	- P - C	Middle	Lost	4. DATE Mo	onth	Doy Year
(DECEASED (Type or print)	Icie	1	Ellen	Ludy	OF DEATH October		19 67
S. S	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YE.	
	Female	White	WIDOWED	DIVORCED S	ept. 22, 189	last birthdoy) 9 68 yrs.	Months Bo	ays Hours Min.
		(Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign country)		N OF WHAT
auri	ng most of working Housewij			DUSTRY 1 Home	Wolfesvil	lle. Md.	COUNT	S. A.
13.	FATHER'S NAME	Dec Williams			14. MOTHER'S MAIDEN		11 11 11 11	
	T. Kelle	er Smith			Clemmie S	Schrover		
15.	WAS DECEASED EVE	CONTRACTOR OF THE PROPERTY OF	16.	SOCIAL SECURITY NO. 17.	INFORMANT	Add	dress	
(Ye	s no or unknown)	(If yes give wor or dotes of se	rvice)	lone Mr	- Llowd C I	udy, Rfd. 2 N	Sucressi 1	lo Ma
	IR CALISE OF D	EATH (Enter only one couse p	er line for	The second second	• 210 yd 0 • 2	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Tyersvill	INTERVAL BETWEEN
		TH WAS CAUSED BY:	70	801111 M				ONSET AND DEATH
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	Conditions, if ony	DUE TO	We	NX 5710.K	lessen)		
	rise to immediat		1	word,	20.00.0			
	stoting the unde	Tiving couse						
	last.) (c)	ninuvino 3	O DESTRUCTION OF A TENTON OF	THE TERMINAL PICEAGE OF	MOLTION CHIEN IN DART 1/)		V2QQTUA 2AW 01
8	PART II OTHER ST	GNIFICANT CONDITIONS CONT	KIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NUTTION GIVEN, IN PART 1(0)	00.0	19. WAS AUTOPSY PERFORMED?
S	Her	Kusn's	5 4	research (eled Ke	ofether me	llilas	Y YES NO
CERTIFICATION	200 ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item/1B.)		
		MEDICAL EXAMINER)				1 Delen Miller		
MEDICAL	20c. TIME OF INJI	JRY Month, Doy, Yeor			ACE OF INJURY (Home, form		(County	(Stote)
ME	p.i	10	While of work		octory, street, office bldg., etc.			
	21. I certi	fy that (1) (this haspite	al) attend	ded the deceased fram_	10-22,1	1967, to 10-	291967	that (I) (we) las
	saw the d	eceased alive on	- 2	9 1967, and th	at death accurred at	4.30 M, fram cause:	s and an the	date stated above
	220. SIGNATURE	1 (1)	/	n //	ATTENDING	MED CTAEF	22b. DATE S	SIGNED
	/	STRANK	axe	eloto 1	A.D. PHYS.	MED. STAFF PHYS.	10-	30-61
	22c. PHYSICIAN'S NAME (Type		500	ROSILLI	1 22d. ADDRESS N	ortheru as	-P. Hay	eisloym
230	. BURIAL, CREMATIC)F	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or	Town) ato	ounty) (Stote)
	REMOVAL (Specify	11- 1-	67	Wolfesville	Cemetery	Wolfesvill	Le, Md.	
24.	. FUNERAL DIRECTO	R		ADDRESS		D BY REGISTRAR 2Sb.	REGISTRAR'S SIGN	
Jo	hn H. Ba	st. Jr. 112	N. Ma	in St. Boonsh	oro Md DAIO	16 1967 0	Clember	Judge

John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DAINY &

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	CERTIFICATE OF DEATH	
	o. COUNTY WASHINGTON MARYLAND O. STATE 6104-43 AVE. HYATTSVILLE PA	R. GEORGES
	write RURAL and give nearest town)	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
V	VESTERN MARYLAND STATE HOSPITAL 6104 43RO AUGNUE	ON A FARM?
	NAME OF First Middle Lost 4. DATE Month OF	Doy Year 9 19 6 7
-	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 🔀 8. DATE OF BIRTH 9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HR
	. USUAL OCCUPATION (Give kind of work done Industrial) Industrial	COUNTRY?
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	INE AUE
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 610BLASTOMA MULTIFORME BRAIN	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse left.	3 mi.
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICA	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
MEDICAL	Hour o.m. While Not While foctory, street, office bldg., etc.)	County) (Stote)
	21. I certify that (1) (this haspital) attended the deceased fram 10-5 1967, ta 10-9 19	67, that (I) (we) le the date stated aba
	Domingo A. Baiceq M.D. ATTENDING MED. STAFF IN 110	DATE SIGNED
	NAME (Type) DOMINGO A. CARCIA 1500 PENNSYLVANIA AVE. HAGER	STOWN, HD.
	BURIAL OCT 12 1967 HOLY REDEEMER CEM 4430 BELAIR	(County) (State) RO MO.
7		SIGNATURE Las Judge
	3. 100 duri (ERTIFICATION NOTE: 13. 13. 13. (A.e. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13	1. PLACE OF DEATH 0. COUNTY WASHINGTON MARYLAND D. CITY OR TOWN (If outside corporate limits, write allegal or street oddress) WIRT AND GRAVE MY ATTS VILLE M d. NAME OF DESTINATION OF THE HOSPITAL S. SEX OCCUPATION (Give bind of work done during most of working life, even if retired) 10. ISUAL OCCUPATION (Give bind of work done during most of working life, even if retired) 10. ISUAL OCCUPATION (Give bind of work done during most of working life, even if retired) 11. FAHER'S NAME C. CITY OR TOWN (If outside corporate limits, write allegal on of part o

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CEPTIFICATE OF DEATH

THOUR		CERTIFICAT	L OF DEATH		
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b. CITY OR TOWN (If outside of	arnarate limits	c. LENGTH OF STAY IN 1b		NNA . utside carparate limits, write RU	FRANKLIN
write RURAL and give near	est tawn)	C. LENGTH OF STAT IN 10	C. CIT OK TOWN (II O	diside cuipuldie lillilis, wille ku	KAE und give neurest tuwii)
HAGERSTO				NCASTLE	75-3
d. NAME OF HOSPITAL OR INST	ITUTION (If not in haspite	al, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE On a Farm?
ON ARRIVAL WA	SHINGTON CO	. HOSPITAL	XXX 23 So	uth Carlisle S	
3. NAME OF	First	Middle	Lost	4. DATE Man	
DECEASED (Type or print)	Elizabeth	Catherine Mi	ller	OF DEATH october	24. 1967
	OR RACE 7. MARRI		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
	WIDOW			lost birthday)	Manths Days Haurs Min.
Female Whit	2		4/24/1907	60 yrs.	1 10 CITIZEN OF WILLY
loa. USUAL OCCUPATION (Give kind during most of warking life, even if		. KIND OF BUSINESS OR INDUSTRY		& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeepe		louse work	Franklin	Co. Penna.	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Clinton F	Unico		Marre	Oberholzer	
WAS DECEASED EVER IN U.S. AR	MED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addr	ess
(Yes, na, or unknawn) (If yes give	war ar dates of service)	186-30-7033			2
	No 1		Mr. Fred Mil	ler, Greencast	
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	HEED DV.	Ch Ch			INTERVAL BETWEEN ONSET AND DEATH
IAM	EDIATE CAUSE (a) HY	pertensive Card	lio Vascular	Disease	2 years
443x	DUE TO				
Conditions, if any, which gav					
nise to immediate cause (a), (DUE TO				
stating the underlying caus	Se (c)				
	CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO.	AIDITION CIVEN IN DADT 1/->	19. WAS AUTOPSY
S PAKE II. UTHER SIGNIFICANT	COMPILIONS CONTRIBUTION	IG TO DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE CO	NUTTION GIVEN IN PART I(0)	PERFORMED?
<u> </u>					YES NO K
20g. ACCIDENT WAS UNDERLYIN		DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Part I or Part II of item 18.)	
OR CONTRIBUTING CAUSE O	AMINER)				
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EX 20c. TIME OF INJURY Manth, Haur'a.m.	, Day, Year 20d		ACE OF INJURY (Home, form		(County) (State)
Haur'a.m.	19 W		ctary, street, affice bldg., etc.)	
p.m.			James 7	10 67 1. 0-+ 01	10 67 11 110 / 11
		ended the deceased from		19 07, 10 UCT. 21	19_67, that (I) (we) lo
	alive on Sept.	21, 1901, and th	at death accurred at	11:30 M, from couses	ond on the date stated above
220. SIGNATURE	20 h	4/	ATTENDING	MED. STAFF	22b. DATE SIGNED
N. a	W Non	1	A.D. PHYS.	DIRECTOR L. PHYS. L	10-24-67
22c. PHYSICIAN'S	177		22d. ADDRESS		
NAME (Type) Dr	E. W. Ditto	Jr. 215 V	. Washington	n St., Hagerst	cown. Md.
	23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY .	23d. LOCATION (City or To	own) (County) (Stote)
DEMOVAL (Speciful	10/27/1967	Welsh Run Bre	thern Cemete		n Co. Penna.
24. FUNERAL DIRECTOR	20/21/201	ADDRESS A			EGISTRAR'S SIGNATURE
4. PUNERAL DIRECTOR	()	ADDRESS	111 2 250. KEC		EGISTRAR S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 22 fours after defit VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital or attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fun director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Jages 1 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72-Hours after.

filled in by the funeral

CEDTICICATE OF DEATH

		22000			CEKITI	ICAIL	OF DEATH					
		PLACE OF DEATH a. COUNTY T.FA.C	SHINGTON				2. USUAL RESIDENCE a. STATE	(Where dece	. L COU	AITY L		3
						/LAND					ashin	/ .
		 b. CITY OR TOWN (If autsi write RURAL and give i 	de carparate limits, nearest town)		c. LENGTH OF STAY I		c. CITY OR TOWN (If			RAL ond gi	ve nearest to	own)
			GERSTOWN			days	//	estow	N			21-1
1		d. NAME OF HOSPITAL OR WESTERN MAR					d. STREET ADDRESS 36 Roess	NER	ave.			S RESIDENCE ON A FARM? NO 🔀
		NAME OF	First		Middle		Last	4. DATE	Mon	th	Day	Year
		DECEASED (Type ar print)	John	Sta	ONER	mil	IER	OF DEAT	н О	et.	16.	1967
	S. :	SEX 6. CC	LOR OR RACE 7.	MARRIED	NEVER MARRIED		. DATE OF BIRTH		9. AGE (In years last birthdoy)			UNDER 24 HRS.
		M	W	WIDOWED	DIVORCE		March 15,18	85	82 yrs.	Months	Days H	Haurs Min.
	10a duri	i. USUAL OCCUPATION (Give ing most of working life, eve	kind of wark done en if retired)		D OF BUSINESS OR OUSTRY Cery sto	re	11. BIRTHPLACE (Count	y & Stote, or			CITIZEN OF WI	THAT
	13.	FATHER'S NAME		18-			14. MOTHER'S MAIDEN				-	7 47
			H. M.11					nna	STONER			
		WAS DECEASED EVER IN U.S es, no, or unknown) (If yes			OCIAL SECURITY NO.	1	NFORMANT		Addr			
	,,,,,	No	5	21	4-09-3264	Mr	s. Evely	n Con	rad, Ha	gers	town,	, Md.
		1B. CAUSE OF DEATH (E PART I. DEATH WAS				1						AL BETWEEN
		FAKT I, DEATH WAS	CAUSED BY: IMMEDIATE CAUSE (a).	gene	ekal-cake	indn	natosis				Unkl	AND DEATH
		137	DUE TO			- (1	
		Conditions, if ony, which rise to immediate cous	0 [0] [care	inoma c	4 RE	CTUM				131	mos.
		stating the underlying last.										
	_	PART 11. OTHER SIGNIFICA		RIBUTING TO	DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CO	ONDITION GI	VEN IN PART 1(a)		19. WA	AS AUTOPSY
2	ATIO	GI PAGET	's Diszus	12							YES	REORMED?
	CERTIFICATION	20a. ACCIDENT WAS UNDER	RLYING	_	CRIBE HOW INJURY O	CCURRED. (Enter nature af injury in	Part I or P	art II af item 1B.)			
		OR CONTRIBUTING CAU										
	MEDICAL	20c. TIME OF INJURY Me	,	20d. IN.	JURY OCCURRED	20e. PLAC	E OF INJURY (Hame, for	rm, 20f.	(City ar tawn)	(0	iaunty)	(State)
	MED	Haur 'o.m.	19	While at wark	Not While at wark	facto	ary, street, office bldg., et	c.)				
		21 certify the	rt (I) (this hospite			from /	Vou. 10	1966	to Oct. 16	19	67 that	(1)_(up) as
		saw the decease	ed alive an Oc	+.16	1967	and that	death accurred a	11:45	M, fram causes	and an	the date s	tated abave
		22o. SIGNATURE	^	_	20	-	ATTENDANC	MED	CTAFF	22b.	DATE SIGNED	
			Elic	ter	L. Lama	e, M.D	ATTENDING PHYS.	MED. DIRECTOR			ct. 16	11967
		22c. PHYSICIAN'S	11	- 2 1	0	,			n md.			
		NAME (Type)	V1676	DK L	, Ramos	mn	h h	ager.	spun,1	nary	land	
,	23a	BURIAL, CREMATION,	23b. DATE THEREO		23c. NAME OF CEM				LOCATION (City or To		(Caunty)	(State)
1		buriagicity)	10-19-	•	Manor			_	1ghmant			7
	24	Huneral director Fundament	uneral H	ome,	Hagerst	own,	Md . 2Sa. REG	CT 2		EGISTRAR'S	SIGNATUR	udge.

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MARYLAND STATE DEPARTMENT OF HEALTH

14573

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CERTIFICATE OF DEATH

			VI 22/1111		
a. COUNTY	Washington	MARYLAND	- CTATE	Where deceosed lived, if institution b. COUNTY	n: Residence before odmission) Washington
b. CITY OR	TOWN (If autside corparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If as	utside carparate limits, write RURA	L and give nearest tawn)
Rure	RAL and give nearest tawn). RAGerstown	55 yes.	Had	ierstown	21-1
d. NAME OF	HOSPITAL OR INSTITUTION (If not in hospita	, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Au	alon Manor Nursing K	lome	136	North Bue.	ON A FARM? YES NO
3. NAME OF	First	Middle	Last	4. DATE Month	Day Year
DECEASED (Type or pri	ont) Thomas	Amiss	Moore	DEATH Octobe	er 30 1967
S. SEX	6. COLOR OR RACE 7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	e White WIDOWE		Aug. 6, 1901	last birthdoy) 66 yrs.	Months Days Hours Min.
10a. USUAL OCC	UPATION (Give kind af work dane working life, even if retired) Namsking Room	KIND OF BUSINESS OR INDUSTRY Proe Organ Mfg.	11. BIRTHPLACE (County	& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY 2
13. FATHER'S I	NAME	1 ape oragani ingg.	14. MOTHER'S MAIDEN		uer i
	Early Moore		Mary	Bruffey	
	SED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Yes, no, or unk	nown) (If yes give wor or dotes of service)	1409-9110 The	Ima Andrewa	136 North Ave.	Idagerstown Md
1B. CAUS	E OF DEATH (Enter anly one cause per line i	ar (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
15	IMMEDIATE CAUSE (o)	achexia			OHSEL KIED DENTIL
	DUE IO	,	•		
rise to im	medinte (duse [d] /	denocarcinoma o	i pancreas	with metastasis	
stoting th	e underlying cause				
lost.) (c)				
PART II. 0	THER SIGNIFICANT CONDITIONS CONTRIBUTING	S TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRI	BUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II af item 18.)	217-024-
	The state of the s	one	S of hilling to 32	1005 (6)	(6)
20c. TIME	laur a.m. none Wh		CE OF INJURY (Home, farn ary, street, affice bldg., etc.) none		(County) (State)
21. I saw	certify that (I) (this haspital) atte the deceased alive an Oct	nded the deceased fram	Aug 61 , I death accurred at	9, ta_Oct_30*6 PM_M, fram causes an	67, 19, that (I) (we) last an the date stated above
220. SIGN	IATURE		ATTENDING	MCD CTAFF	22b. DATE SIGNED
	Garolak Tritch	M.C	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	11-1-67
22c. PHY:	SICIAN'S E(Type) Dr. Harold R.	Tritch, Jr M.D.	22d. ADDRESS N.	Potomac St He	agerstown, Md
23a. BURIAL, C REMOVAL	(Specify)	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town	, , ,
24 FUNERAL	DIRECTOR (1) 2. 67	Rest Haven	emetery 250 REC'S	D BY REGISTRAR 25b. REGI	lashington-Md. STRAR'S SIGNATURE
	describe Change				Climba Judal

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pagets. Page 4 moy be retained by the hospital or attending physicion. VR A15 (4) 25M 1/67

director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pag Should be filed with the Stote Dept. of Health prior to buriol, cremation, or removol, and in any event, within

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1		MARYLAND STATE DEPARTMENT OF HEALTH Provision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	DVI AND
FOR STATE	1 3	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14374
HEALTH DEPT.	1.		reldores badons admitation
(*	1	a. COUNTY	
SES EEV		washing ton maryland maryland washing	
funeral funeral may be artment	1	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL	end give nearest town
A (1) (2, 4)		Williamsport 5 Months Williamsport Md.	0//1/
ge 5 ge 5 afte		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCI
Page State hours		17 East Salisbury St. 17 East Salisbury St.	YES ND
3. Show	3.	NAME OF First Middle Last 4. DATE Month OF	Day Year
Pr. 2an		(Type or print) Grover Eugene Moser DEATH Oct. 3rd.	1967
fr. If a special state of the s	5.		1 YEAR IF UNDER 24 HR. Deys Hours Min.
00		Male White WIDOWED DIVORCED Oct 1th 1802 72 VIS.	Doys Hours Witt.
with with and and	10e	De. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT
Gie	1.4	Farmer Farming Maryland II	
n 18. (); along pages in any	13.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
4 hours Item 18 Iffice al		Samuel E. Moser Mary E. Summers	
Pil Offi	15 (Ye	Samile H. Moser 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (es, no, or unknown) (flyes give war or dates of service)	
oval		No None Mrs. Dorothy Moser Williams	enort Md
uted within in pencil is Examiner's transfer is to removal		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET AND DEATH
in in Exar		PART I. DEATH WAS CAUSED BY: Lobular Preumonia Bilatoral	3-5 days
"pending" in "pending" in f Medical Exar purial-transit cremation, or		490 X DUE TO 2 2nd	
be ey pendi Medic Medic emati		Conditions, if eny, which by Arteriosclasofic Heart Disease	20 YTS,
op W		geve rise to immediate (ceuse (a), stating the DUE TO	
shoul word Chief as a rial, c		underlying cause lest. (c)	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
the	ICAT	Prostatic Hypertrophy, Bonique	YES NO
T 20 0		2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert 11 of Item 18.	
ste, writing face, writing forwarded to 3 should be agent, prior		PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
te, wr orward shoul gent,	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour e.m. 20f. (City or town) (Cou.	nty) (State)
d a d	MED	p.m. 19 et work at work	
Pag Pag Pag		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry ,	and in my opinio
EXAM should files. TOR: Pa designat		death resulted from: Natural causes X, Accident N, Suicide N, Homicide N, Undetermined manner	
		CHIEF MEDICAL EXAMINER	
		SIGNATURE CHYCLL W. A THOUL M.D. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED
Y ME Page for h or		EXAMINER'S Edward W. Ditto III (4) DEPUTY MEDICAL EXAMINER &	10-3-67
D DEPUTY ME please execudirector. Paginetor. Paginetor for pretained for the FUNERAL D of Health or		NAME (Type) 217 W. Washing to 2 St. Hagerst address (Specifity, town, or county)	
	23a	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or courement of the cour	inty) (State)
5 2 5 5 6		Rimiel Oct 6 / P C - ST. Pail Weath	Md.
151	24	OCT C 40CT C	SSIGNATURE
VR AISME (5)		Thompson Funeral Home Clear Spring, May OCT 6 1967 Poller	es judge

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY WASHINGTON MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) 46 days. Cumberland HAGERSTOWN d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? State 209 Humbird WESTERN MARYLAND STATE HOSPITAL ND -3. NAME OF Middla DATE Month the DECEASED 0 26 DEATH (Typa or print) 196 ges I and 2 with any event within 5. SFX AGE (In years | IF UNDER 1 YEAR | Iast birthday) | Months | Days 6. COLOR OR RACE 7 MARRIED X DATE OF BIRTH NEVER MARRIED Jan. 18,1913 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dona during most of working lifa, even if retired) INDUSTRY BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? lana 11.5. Housewife Own Home pages in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME EXAMINER: This certificate should be executed within 24 hours are certificate, writing the word "pending" in pencil in Item 18 should be forwarded to the Chief Medical Examiner's Office ald files. Katherine // Addrass 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mother (Yes. no. or unkown) (If yes pive war or dates of service) removal, permit. Mrs. Katherine Brinkman, Cumberland, Md. no INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit cremation, or cremation, DUE TO Conditions, If any, which gave risa to immediata DUE TO cause (e), steting the G underlying cause last. used as a to burial. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES THE NO 3 should be agent, prior 1 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20e. PLACE OF INJURY (Home, farm, I (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory_street, office bldg., etc.) While at work Not While CTOR: Page designated Inquiry , and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection FUNERAL DIRECTOR: I Health or its design Undetermined manner death resulted from: Natural causes 74.7 Accident Suicide Homicide CHIEF MEDICAL EXAMINER for your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10-26-67 DEPUTY MEDICAL EXAMINER director. retained Address (Street city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) DATE THEREOF (State) BURIAL, CREMATION, of o REMOVAL (Specify) Mt. Herman Cemetery | Cumberland, Md. Allegany ADDRESS | 253. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Oct.29.1967 Burial 24. FUNERAL DIRECTOR James F. Scarpelli. Cumberland, Md. VR ALSME

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VR AI5 (4) 20M 1/65

e. IS RESIDENCE

ON A FARM?

Year

1967

20.

COUNTRY?

Md.

none

YES

DATE SIGNED

(County)

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? NO 4

> > (State)

(State)

NO

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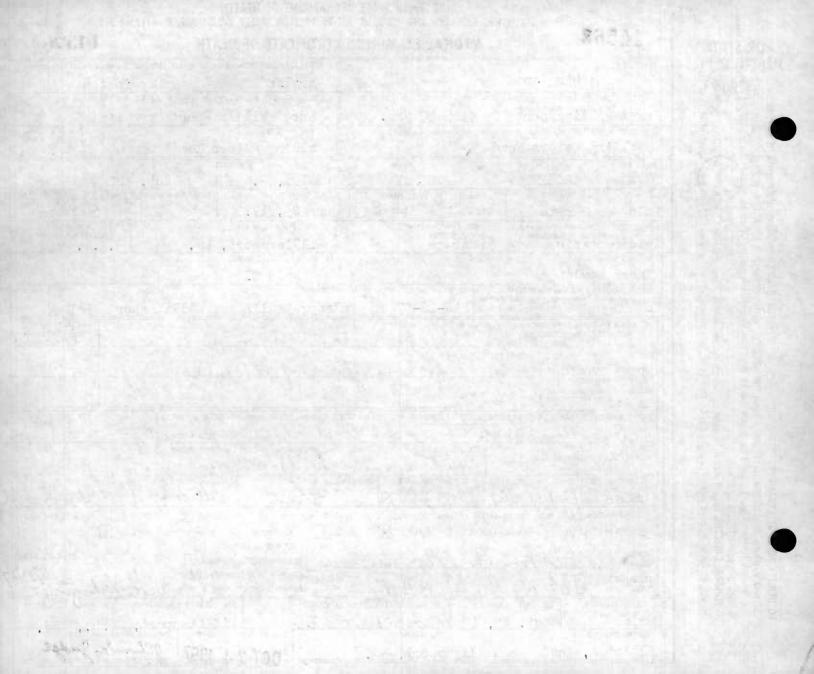
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2_1			Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR ST	ATE		14567 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH	DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission
	1/1		a. COUNTY Washing to MARYLAND a. STATE Ohio b. COUNTY FRANKLIN
sary neral y be			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ces ma	oo a de	R	ural - Clearspring, Md COLUMBUS
, o	aft.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
E CO	S		133 50, WARREN YES □ NO €
13 P. 13	20.	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Dolores NMN Neighbors DEATH 10 7 1962
E 20 B	E.E	5.	SEX 6. COLOR OR RACE 7 MARDIED NEVED MARDIED 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IIF UNDER 24 HR.
ges form	within within	F	emale white WIDOWED DIVORCED 8-13-50 last birthday) Months Days Hours Min.
000	event	10	. USUAL OCCUPATION (Cive kind of work done lob. KIND OF BUSINESS OR long most of working life, even if retired) INDUSTRY 11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
after de S. Give Pong with	y e.		WAITRESS COLUMBUS, ON USA.
18. alor	pages in any	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
hou tem fice	and i	15	Ralph Neighbors CLARA OSBURN
250		(Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unknown) (If yes give war or dates of service)
	permit. removal	=	NO
			PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
5 60_			8161 DUE TO TURNS OF THE SAN SKYLL STACTURE TURNS OF
be exe pendin	burial-tran cremation,		Conditions, If any, which) the 13721's Stewn Fully-V
D - 1	cre		geve rise to immediate cause (e), stating the DUE TO
	as a	-	underlying cause lest.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) [19. WAS AUTOPSY
ate view	used as to burial	CERTIFICATION	PERFORMED?
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	1 £ 99	MEDICAL	Hour a.m. 10-7 1967 While Not While \ IS 70 W- Clearspring Wash. Id.
AMIII P	Pag nate	1	21. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🔀, Inquiry 🔲, and in my opinio
EXA shoul files.	designated designated		death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
	ts d		ACTUAL SCHOOL (1) FI HA HE ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
MER Xecuto Page for yo	0		DEPUTY MEDICAL EXAMINER (1) 2-60
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14568 14578 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY Laryland Washington MARYLAND delay c. CITY OR TOWN (If outside tarporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. pup Rural Williamsport Williamsport yrs. RED #1 Depart d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADORESS IS RESIDENC ON A FARM? form GULS Falling Waters Road Falling Waters Road 00 YES TO NO Give Pages a This certificate shauld be executed within 24 hours after death. 4 DATE 3. NAME OF First Middle Lost Month Doy Year TEC. DECEASED NEWLIN. SR. Oct. 1967 ROBERT HENRY DEATH (Type or print) Office along IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years _ 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths Days Hours 3 June 25, 1929 Nale White **GIVARCED** WIGOWEG event gud 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)
Auto Mechanic INDUSTRY Williamsport. Md. any Garage U.S.A. the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil _ Marie Clem Enoch Newlin and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war or dates of service) ar remaval, 214-28-5744 Gladys Newlin Williamsport pending INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for Je) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) writing the ward crematian, DHE TO 11 Conditions, if any, which gave farwarded to rise ta immediate cause (a), DUE TO stating the underlying cause O SD burial, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X the certificate, mences pe should be 2Da. EXTERNAL CAUSE WAS PRIMARY ■ ar CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 of Part II of item 18.) prior 3 should head on Collision a Can AL EXAMINER: CAUSE OF DEATH. agent, 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Not While Milliansper FUNERAL DIRECTOR: Page at wark 22 1967 at wark Unquiry Inspection X 21. I certify that I taak charge of the remains described above, held an Autapsy and iff my apinian 10 funeral director. Accident X Suicide Hamicide | Undetermined manner death resulted fram: Natural causes CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY a tempeputy MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) 2/5/4 Health NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 0 REMOVAL (Specify) Williamsport Buria Greenlawn Cemetery 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15ME (5) Albert L. Leaf Williamsport, Md 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14570 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14580 FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY detay is and 3 to Washington death. Maruland Washington PM3. Page MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside corporate limits, c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) write RURAL and give nearest town)

ROWN (In distance corporate limits, write RURAL and give nearest town) 60 urs Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? farm haurs Washington County Hospital 302 N. Cannon Ave. NO R Give Pages State 24 hours after death. NAME OF Middle 4 DATE Year DECEASED with the Dewey Pike October George 19 67 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Hours in Item 18. Male White July 5, 1898 WIDOWED DIVORCED Examiner's Office and 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dust Control Mfg. Franklin County, Penna. pages 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME This certificate should be executed within pencil .⊆ Samuel F. Pike Ida C. Wagner File pup WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Md permit. (Yes, no, or unknown) (If yes give wor or dotes of service farwarded to the Chief Medical remaval, Chas. F. Pike 217 N. Cleveland Ave. Hagerstown. 214-09-6607 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Multiple Fractured Ribs, Right Chest With Hemo-30 hours s a burial-tra crematian, c writing the ward DUE TO Pneumothorax Conditions, if ony, which gove (b) Multiple Fractures Of Pelvis With Pelvic rise to immediate couse (o). DUE Retroperitoneal Hemorrhage stoting the underlying couse () Fractured Right Leg (Tibia and Fibula) used as burial, a OS last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES T please execute the certificate, pe 4 shauld be 2Do. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) designated agent, prior 3 should STEAL EXAMINER: CAUSE OF DEATH Struck by automobile while crossing street. 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page While Not While X p.m. 7.0-6at work Hagerstown Washington Street 21. I certify that I took charge of the remains described above, held an Autapsy Inspection . Inquiry and in my opinion Accident 🔀 Suicide the funeral director. death resulted from: Natural couses Homicide Undetermined manner CHIEF MEDICAL EXAMINER O DEPUTY ME ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10-9-67 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S Health Address (Street, city, town, or county) Hagerstown. Md. 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 0 REMOVAL (Specify) Rest Haven Cemetery Hagerstown-Washington-Md. 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR ATSME Rest Haven Juneral Chapel Hagerstown Md.

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages of and shauld be filed with the State Dept. at Health priar ta burial, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE (Where deceose			ce before	odmissio	on)
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	NAME OF DECEASED		irst	Middle	Lost	4. DATE OF	Mon		Doy	Yea	ar
	(Type or print)		ward	Luther	Plank	DEATH	Octo		19		67
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3.	FATHER'S NAME							13-1			
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15. (Ye	WAS DECEASED EVI	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service)	OCIAL SECURITY NO. 17	. INFORMANT		Addr	ess Hol	iday	Her	res
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MEDICAL CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJ Hour 'o. p. 21. I certi saw the d 220. SIGNATURE ### ACCIDENT WAR 22c. PHYSICIAN'S	Obesity SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) M. none M. none M. that (I) (this has eccased alive an eccased alive a	& hype: 20b. DES 20d. IN While Oct 1	CRIBE HOW INJURY OCCURRED NOTH JURY OCCURRED Not While of work ed the deceased fram 9 19 67, and the ch, Jr M.D.	De tes D. (Enter noture of injury in LACE OF INJURY (Home, forn portory, street, office bldg., etc. none Apr. 14 , 1 and death accurred at ATTENDING PHYS. 22d. ADDRESS 302 N.	Port I or Port 9.66, to P. M, MED. DIRECTOR 23d. LOC	(City or town) Oct 19 fram causes STAFF PHYS.	, 19_6 and on the 22b. Di 10- Hagers	yes unity) 67, the date ATE SIGNE -20-(s town	(Stated D) 67	State) - we) la l abav

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14582 CERTIFICATE OF DEATH 14572 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE MARYIAND b. COUNTY WASHINGTON PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN HACCHAR STEWN Prest town) OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Vrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM?Y our pape 224 N. POTOMAC N. POTOMAC ST. NO NAME OF Middle 4 DATE Year 67 campletefy DECEASED POFFENBERGER **JOSHUA** (Type or print) DEATH event, remave cor 9. AGE (In years birthdoy) IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Days 5/7/1901 Hours WHITE MALE ond in ony WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country)

MARYIAND 12. CITIZEN OF WHAT during mass of working hierayon in testired PUBLISHING CO COUNTRYS A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal. MARIA RENNER JOSHIA POFFENBERGER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no ounknown) (If yes give wor or dotes of service HAGERSTOWN MD. MRS. JEAN GETTEL 214-09-1201 burial cremation. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be retained by the hospital or attending physician. DUF TO Conditions, if ony, which gove (b) rise to immediate couse (o). DUF TO stoting the underlying couse prior to the hos been lost. 00 WAS AUTOPS)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14573 CERTIFICATE OF DEATH 14583 withth 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH funeral o. STATEMar vland b. COUNTY o. COUNTY Washington Frederick MARYLAND and in any event, within 72 hours after c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town)
Hagerstown Thurmont rural days d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? filled RD 2 Washington County Hospital NO X 3. NAME OF Middle 4. DATE First Lost Doy Year please remave carban and campletely DECEASED OF DEATH 19 67 Catherine Oct. Marie Portner (Type or print) requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Manths Days Hours 10-16-1922 white Female WIDOWED DIVORCED 11. BIRTHPLACE (Caunty & Stote, or fareign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working lite, even if retired) Home Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or remayal, Jennie A. Willard Manahan Guv 17. INFORMANT 16. SOCIAL SECURITY NO. Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, arunknawn) (If yes give war or dates of service) 212-58-9531 Lee F. Portner Thurmont. Md. INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH Brondhogenic carcinoma with generalized IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician 4 months DHE TO metastases Conditions, if any, which gave rise to immediate cause (a), DUF TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been far use as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION 3 shauld be detached far use with the State Dept. af Health NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Nat While at wark at wark 10-4 21. I certify that (I) (this haspital) attended the deceased fram_ 2-8 , 1956 , to , 1967, that (I) (we) last 10-4 19 67, and that death accurred at 9:40 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATUR DIRECTOR PHYS. M.D. directar, page 3 shauld be filed 10-5-67 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles F. Hess, M.D. Smithsburg, Maryland 21783 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23a. BURIAL, CREMATION. REMOVAL (Specify) Blue Ridge Cemetery 10-7-67 Thurmont Fred. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Raymond Thur mont, VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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A series (erodenment) The series of the seri

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14586 14576 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 2, and 3 to PM3. Page tate Department of Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b s weeks Williamsport Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm Washington County Hospital womewood Church Home NO DC Give Pages 24 hours after death. 3. NAME OF 4. DATE First Middle Lost Month Year DECEASED File pages 1 and 2 with the ROEDIGER MARY Oct 14 1967 MILDRED (Type or print) DEATH IF UNDER 24 HRS AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 82 birthdoy) Hours in Item 18. within 72 haurs after death. whi te Oct 3 1885 WIDOWED DIVORCED Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Own Home FOUNTRY? St Kouis Mo. Housework This certificate should be executed within in pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma C. Oldendolph Jacob C. Roediger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 345-10-5061 A Rev Mark Wagner Homewood Church Home williamsport Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH any event IMMEDIATE (AUSE (o) Pneumonitis Several days writing the ward DUE TO Conditions, if ony, which gove Fracture Of Femur lu days rise to immediate couse (a). = DHE TO stoting the underlying couse and (c) Arteriosclerotic Cardio Vascular Disease, Several years WAS AUTOPSY PERFORMED? remaval, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) execute the certificate, NO x 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I at Part II of item 18.) 3 shauld PRIMARY or CONTRIBUTING crematian, ar CAUSE OF DEATH. Misstepped from building onto pavement. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. While Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page of work 5 19 67 Street 11:30 - 9-30-Hagerstown, Washington, at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry , ond in my opinion _Accident x deoth resulted from: Suicide . Homicide Undetermined monner funeral directar. Notural couses please CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10-14-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) Hagerstown, Md. Ditto. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) 0 Burial (Specify) Rest Haven Cemetery Hagerstown Wash Co Md.
Md Address | 250. RECID BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Hagerstown 24. FUNERAL DIRECTOR Ocharles Judge VR A15ME 1967 6M 1/6 Andrew K. Voffman Funeral Home Inc

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4577

CERTIFICATE OF DEATH

14587

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		PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE	(Where de	eceased lived,	L COLLUTY			ion)
		V	Vashington		N	ARYLAND	d. SIAIE Md.			J. COUNTY	Washing	ton	
	t	b. CITY OR TOWN (If autside carparate limits d give nearest tawn)	,	c. LENGTH OF ST.	AY IN 1b	c. CITY OR TOWN (If	autside co	rporate limits,	write RURAL	and give neares	st tawn)	
		Smith shu			31 year		Smithsbu	ודים				21	=/
			AL OR INSTITUTION (If no	t in haspital,		5	d. STREET ADDRESS	4				e. IS RESI	
00		29 5	South Main S	St.			29 South	Main	St.			YES	NO X
		NAME OF	Fir	st	Middle		Last	4. DA		Manth	Day	/ Ye	109
		DECEASED (Type or print)	Aler	ne .	Moore		chultz	OF DE	ATH	Oct.	18	19	67
	S. S		6. COLOR OR RACE	7. MARRIED			B. DATE OF BIRTH		9. AGE (In	years IF	UNDER 1 YEAR	IF UNDE	R 24 HRS.
	F	Female	White	WIDOWED	_	RCED	Jan. 19, 1	.892	last bir	thday) Mi	onths Days	Haurs	Min.
	10a.	. USUAL OCCUPATION	(Give kind af wark dane		IND OF BUSINESS O	R	11. BIRTHPLACE (Cour	nty & State,	ar fareign coun	try)	12. CITIZEN O		
	duri	ing most of working Housewi	If e, even if refired)		NDUSTRY		Hammonto	n. N.	1.		USA	?	
	13.	FATHER'S NAME					14. MOTHER'S MAIDE				O CAR		
		Charle	es Willits				Imoger	e Cre	זדם [זער				
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY N	0. 17.	NFORMANT	G OL	OMTGA	Address			
			(If yes give war or dates a			38-0	D C Cal		Court # la .		36.3		
	1	10 CAUSE OF N	EATH (Enter only one cou		no (a) (b) and (a))	INIT.	R. G. Sch	ULLZ	Smiths	spurg.		TERVAL BE	TWEEN
			TH WAS CAUSED BY:	se per lille 10	(o), (o), ond (c).)	1	0		6	1.		ISET AND	
		350 X	IMMEDIATE CAUSE		and,	ga	umon a	ey	9	Rone	6	a de	in
			DUE	10	11	, 7		1					
		Conditions, if ony rise to immediat	e couse (a)	(b)	and	2mgs	200	is	Range		1	0-	7.2
		stating the unde		10	07.	-	1 11				1	4	
		last.		(c)	mari	00	geries	2				0 2	no
	N	PART II OTHER SI	IGNIFICANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE	CONDITION	GIVEN IN PAR	T 1(a)	19.	WAS AUT	NED?
)	ATIC										Y	ES 🗌	NO D
	CERTIFICATION	20a. ACCIDENT WA		20b. D	ESCRIBE HOW INJUR	Y OCCURRED.	(Enter nature of injury	in Part I a	r Part II af iter	n 18.)			
	CER		CAUSE OF DEATH MEDICAL EXAMINER)	- 19									
	MEDICAL		URY Month, Day, Year	20d.	INJURY OCCURRED	20e. PLA	CE OF INJURY (Hame, f	orm, 2	Of. (City ar	town)	(Caunty)		(State)
	MED	Hour 'a.t	10	While		fact	ary, street, affice bldg., e	tc.)					
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			fy that (I) (this haspeceased alive an	olidi) dilei	1 619		death accurred	at &	M. from	causes and			(we) las d abave
		220. SIGNATURE	ctoused unite unit	14	1 1	,		-			22b. DATE SIGN		
H			700- /i	. /	15/11	les M.	ATTENDING PHYS.	MED. DIRECTO	OR PH		10-1	9-	100
		22c. PHYSICIAN'S	.20 01		00/2		22d. ADDRESS	Dinzer	/	13.		/	6
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	23o	BURIAL, CREMATIC		REOF !	23c. NAME OF	EMETERYIOR	CREMATORY	230	. LOCATION (ity ar Jown)	(County	()	Syate)
)		Burial (Specify	Oct. 23	. 196	7 Smithe	hura (emeterv	S	nithsbu	into the	shingt	000	Md.
	24	. FUNERAL DIRECTO			ADDRESS	-415		EC'D BY RE		286. REGIST		RE	
	Mi	innich Fr	uneral Home.	Smi	thehune	Ma	DATO	T 2	3 1967	och	sules)	ung	6
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely filled director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon page should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

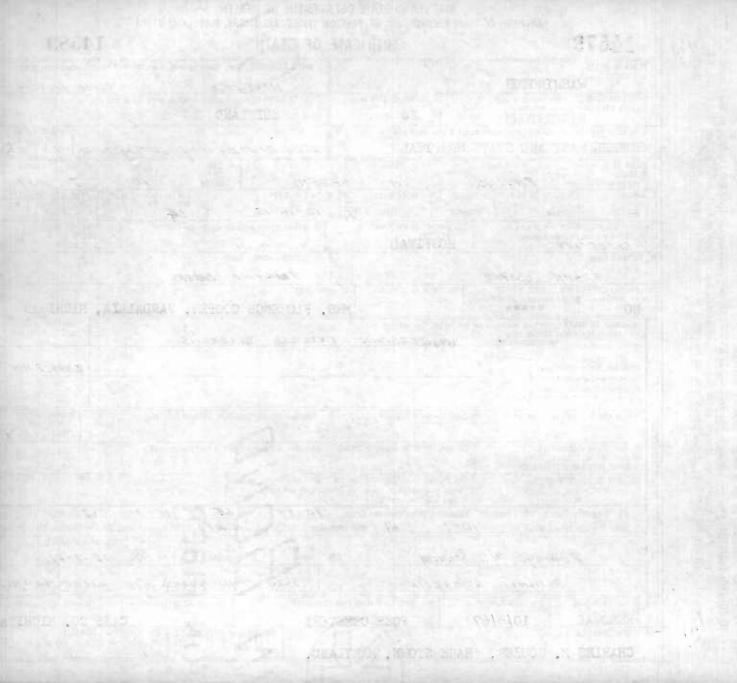
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CERTIFICATE OF DEATH

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		LACE OF DEATH					2. USUAL RESIDENCE (o. STATE	Where deceosed li-	ved, if institution b. COUNT		efore odmissi	on)
		V	IASHINGTON		MARYL		MARY			PRINCE		ES
	1	o. CITY OR TOWN (write RURAL and	If outside corporate limit d give nearest town)	s,	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If o		nits, write RURA	L ond give ne	orest town)	
		F	HAGERSTOWN		24 mo.		SUIT	LAND			16	/
1			TAL OR INSTITUTION (If no				d. STREET ADDRESS				e IS RESI ON A F	
71			MARYLAND ST.				4824 EAST				YES	NO 🔽
		NAME OF DECEASED		rst	Middle		Lost	4. DATE OF	Month			ar
		Type or print)	PHYL		11.		BENS	DEATH	E (In years	IF UNDER 1 YEA		67 0 24 HDC
	S		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		3. DATE OF BIRTH	los	t birthdoy)	Months Do		Min.
	10	F	(a)	WIDOWED	DIVORCED	X	12-18-12		Yrs.	10 (17175)	OF WHAT	
			N (Give kind of work done life, even if retired)		IND OF BUSINESS OR IDUSTRY OSPITAL		11. BIRTHPLACE (County		country)	COUNT	RY?	
	12	SECRE!	ARY	H	OSPITAL		MICHIGA 14. MOTHER'S MAIDEN			1151	4.	
	13.											
	15		ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	1 17 1	FRORENO NFORMANT	CE BAPCI	Address			
		s, no, or unknown)	(If yes give wor or dotes		JOCIAL SECORITI NO.			COOPED			TCUTCA	M
		NO CAUSE OF D			(-) (b)d (-)	IMRS	FLORENCE	COUPER,	VANDAL	LILA, M	INTERVAL BE	
			EATH (Enter only one cou TH WAS CAUSED BY:			,	STERNI C	CLEROSIS			ONSET AND	
		3561	IMMEDIATE CAUSE		HYOTROPHIC		ATERAL S	CLEICUSIS				
		Conditions, if ony		100						2	YES, 7	MOS.
		rise to immedio	le couse (o),	(b)								
	Н	stoting the under	erlying couse	(c)								
	_	PART 11. OTHER S	IGNIFICANT CONDITIONS (TO DEATH BUT NOT RELA	TED TO 1	THE TERMINAL DISEASE CO	INDITION GIVEN IN	PART 1(o)	-5	19. WAS AUT	OPSY
2	CERTIFICATION										PERFORA YES	NO X
	IIFICA	20o. ACCIDENT WA		20b. DI	ESCRIBE HOW INJURY OC	CURRED.	(Enter noture af injury in	Part I or Part II o	of item 1B.)			
			MEDICAL EXAMINER)									
	MEDICAL	20c. TIME OF INJ	URY Month, Doy, Yeor		NJURY OCCURRED		CE OF INJURY (Home, far		ty or town)	(County)	(Stote)
	WEL	Hour o.	m. m. 19	While of wor		foct	ory, street, office bldg., etc	.)				
		21. I certi	ify that (I) (this has	pital) atten	ded the deceased	fram	10-25	19 <u>65</u> , ta_	10-7	_, 1967	, that (I)	(we) la
		sow the d	eceased alive an_	10-7	19 <u>67</u> , a	ind that	t death accurred at	10:40 PM, fr	om causes a	nd on the	date state	d abov
		22o. SIGNATURE		, ,			ATTENDING	MED.	STAFF	22b. DATE S		
				1. Sea	1019	J.M). PHYS.	DIRECTOR L	PHYS.	10-7	7-67	
L		22c. PHYSICIAN'S NAME (Type		A . GA	RCIA		22d. ADDRESS 1500 P.	ENNSYLVA	NIA AVE	HAG	EKSTON	W, Nr.
	230	. BURIAL, CREMATI	ON, 23b. DATE TH	IEREOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LOCATI	ON (City or Tow	n) (Co	unty) (Stote)
		REMOVAL (Specific REMOVA)	10/8	167	POES C	CEMET	TERY			CASS C	O. MIC	HIG
	24	. FUNERAL DIRECT			ADDRESS		2So. REC	D BY REGISTRAR	G 2Sb. REG	ISTRAR'S SIGN		11.
		CHARLE	S M. ROUZER	HAG	ERSTOWN MA	RYL	ND DATE	1 10 10		7-1-4	00	
	_	TARABA TAMAN		444							- Tare	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67



TO FULL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burlat-transit permit. Then please remove carbon, pagers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14590 17550

1. PLACE OF DEATH a. CDUNTY Washington MARYLAND	a. STATE Md. b. COUNTY Wash.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)
Hagerstown 56 years	Hagerstown 2/-/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	ON A FARM?
200 Pangborn Blvd.	200 Pangborn Blvd.
3. NAME DF First Middle DECEASED (Type or print) Sarah Myrtice	Settles DEATH October 17, 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
female white WIDOWED DIVORCED	9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. 9-30-91 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. 76 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	Warren Co., Va. COUNTRY?
13. FATHER'S NAME	
	14. MOTHER'S MAIDEN NAME
Aureluis Lawson	Lillie Jennings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFDRMANT Address
no Ja	mes D. Settles, Hagerstown, Md.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	cardial Signature & pour
4201 DUE TO	1 11 - 1 . muning
Conditions, If any, which (b) dileut felle	one Had purace years
gave rise to immediate (cause (a), stating the DUE TD	
underlying cause last. (c)	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY
Nickett williters	histeta nelugrathy YES NO N
202 ACCIDENT WAS LINDEDLYING TO 1 20h DESCRIBE HOW INJURY DOCU	URRED. (Enter nature of injury in Part I of Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE CENTER INTEREST OF HISTORY WITH THE TANK TO THE TOTAL TO
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto 4 work 20c. PLA facto 20c. TIME DF INJURY MONTH 20c. PLA facto 20c. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)
	1 119 10 17 1 17 10 17 11 11 11 11 11 11 11 11 11 11 11 11
21. I certify that (I) (this hospital) attended the deceased from	1962, to Cet, 17, 1967, that (1) (we) last
	death occurred at ?: M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF
Ederry gurry M.D	
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Dr. Edson B. Moody	145 S. Prospect St. Hagerstown, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specify) 10-20-67 Rose Hill	Cemetery Hagerstown, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Minnich Funeral Home, Hagerstown,	Md. DATE OCT. 20 1967 Ocharles Judge-
	DATE UUI AU IOU

VR AI5 (4) 20M 1/65

and and duck 200 Panguard Elva. . By Et shooting and up. and the second of the second o 10-15-20 Macan D. Sabulya, Majaraham, M.E. aute Myrandia Curpeter melleting o people newspelly Jun 19 12 121, 17 61 - Whose I spike in the The state of the s Tours of success tours, associations, see the sunty

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14581 CERTIFICATE OF DEATH 14591 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Exex Mary Land b. COUNTY WASHINGTON 24 hours after MARYLAND Montagmery b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
HAGERSTOWN c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 4 months Silver Opring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 312 Eldrid Drive WESTERN MARYLAND STATE HOSPITAL NOX. NAME OF Middle 4. DATE Year (Type or print) OUISE DEATH requires that the death certificate be executed 6. COLOR OR RACE NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR 7. MARRIED Jass birthdoy) Hours White Temale May 7, 1924 WIDOWED DIVORCED 10b. KIND OF BUSINESS DE dicine 11. BIRTHPLACE (County & State, or foreign country) 10o, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Secretary 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, or removal, Jeanne Eisenbach Paul Pringre 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 212 Eldrid Drive (Yes, no or unknown) (If yes give wor or dotes of service) Shand ilver Spring l'aruland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (s).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN IMMEDIATE CAUSE (o) DUE TO Vascular Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? CERTIFICATION 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) **DIRECTOR:** After this ge 3 should be detoo (County) Hour om foctory, street, office bldg., etc.) Not While of work L of work 21. I certify that (I) (this haspital) attended the deceased fram 6 saw the deceased alive an_10 1967, and that death accurred at 12:20th, fram causes and an the date stated above 22o. SIGNATURE_C 22b. DATE SIGNED STAFF PHYS. ATTENDING director, poge should be filed 22c. PHYSICIAN'S 22d. ADDRESS TO FUNERAL NAME (Type) Vestern State Hospital. Hagerstown. 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Gate of Reaven Cemetery Silver Spring Appessara Avenue 25o. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 1967

MARKET MARKET STEEL STEEL STEEL STEEL STEEL Louise Shand Manufacture to the second Anathra S. Mannait Beef I. word Street Course, Sugarham Lobular preumonia lovele Cerebrel Vescular accident 1/202 10-5-67 6-23 16/24 10-5 67 W The contract of the second of

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dia.	-	2	U	See.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14592 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Washingto	on		MARYLAN	O STATE	INCE (Where decease	b. COUNT		fore admission)
b. CITY OR TOWN ond give negreet toy	If autside corporate limits, wri	e RURAL	c. LENGTH OF STAY IN 1	c. CITY OR TO	WN (If outside cor	porate limits, write	RURAL and give n	neorest town)
Rural Sha			Minutes	Sharps	sburg, Md			2/-1
d. NAME OF HOSPI	TAL OR INSTITUTION	if not in hospi	tal, give street address)	d. STREET ADD	RESS			e. IS RESIDENCE
Route 6	5- Auto acc	ident		1.1.2 S.	Mechanic	St.		ON A FARM?
3. NAME OF DECEASED (Type or print)	fi Isaia		Middle Irvin	Sheffler	4. DATE OF DEATH	Month Oct.	Day 21.	Year 1967
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER TYEAR	IF UNDER 24 HRS.
Male	White	WIDOWED	DIVORCED [April 1,	1944	fost birthday) 23 yrs.	Months Days	Haurs Min.
100. USUAL OCCUPAT during most of work Machine			nd of Business or Indi nishing & Dye		(State or fareign o	ountry)	U.S.A	F WHAT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MA				
Paul She				Rayetta	(last nar	ne not kn	own)	F1278, 200
15. WAS DECEASED E	VER IN U. S. ARMED FO	ennim)	OCIAL SECURITY NO. 17			Address		
No		21	19-44-31.69	Vickie A.	Sheffler	Sharps	burg, Md	•
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ACTUAL SIGNATURE	Ohn a.	Mon	en M. D.	M.D.	ICAL EXAMINER MEDICAL EXAMINE	R 🗆		DATE SIGNED 10/23/67
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23. FUNERAL DIRECTO			ADDRESS		O. REC'D BY REGIST	967 246. REGIS	TRAR'S SIGNATU	RE
Albert T	Leaf	Millis	menort. Mar	vland by	ACT 24 1	JUI	1	0

VS. A15ME(S) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 14593 CERTIFICATE OF DEATH hours after deoth. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write-RURAL and give negrest town ond in any event, within 72 hours Xau d. NAME OF HOSPITAL OR INSTITUTION d. STREET ADD IS RESIDENCE ON A FARM? (If not in haspital, give street address) requires that the death certificate be executed within 24 YES NO I NAME OF corbon 4 DATE Month Doy completely DECEASED OF DEATH (Type or print) S. SEX 6. SOLOR OR MACE NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR remove lost birthdoy) Months Doys Hours DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? attending physicion sermit. Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM removol TONES IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) cremotion, or CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospital or attending physician DUF TO Cardio vascular Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse d for use as the hos been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [NO certificote 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) O FUNERAL DIRECTOR: After this (Stote) Hour o.m. foctory, street, office bldg., etc.) ATTENDING at work 21. I certify that (1) (this hospital) attended the deceased from . 19 , 19___, that (I) (we) last ____, ta be retoined director, page 3 should saw the deceased alive an_ and that death occurred at M, fram causes and an the date stated obove 19 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Williamsport, Md. Byrkit, M. D. 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) EMETERY HAGERSTOWN WASH 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) Milanlas DATE OCT 26

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14584 14594 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY WASHINGTON MARYLAND WASHINGTON requires that the death certificate be executed within 24 haurs after MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give negret tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) YRS. HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1905 KNOTTY PINE DR. WASHINGTON COUNTY HOSPITAL NAME OF First Middle 4 DATE Manth Year DECEASED SHIELDS OCTOBER 1067 FREDER ICK DEATH (Type or print) S. SEX B. DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TV NEVER MARRIED last hirthday) Haurs 10/5/6095 WHITE MALE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)
MACHINIST MACHINARY COUNTRYS MFG NOTH TRELAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, MARGARET McMULLEN ALFRED SHIELDS HAUGERSHOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknown) (If yes give wor or dates of service) MRS. HELEN SHIELDS MD. 150-03-7997 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET_AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUF TO stating the underlying couse WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Dept. af Health YES [NO certificate 2Dg. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or town) (County) (State) **DIRECTOR:** After this Hour a.m. factory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this hospital) attended the deceased fram OCT 28, 1962, ta OCT 29, 1962, that (I) (we) last saw the deceased alive on OCY 29 1967, and that death accurred of SLOM, fram causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. 10-30-67 M.D. 22d. ADDRESS 226 PHYSICIAN'S Washington St. Maryland TO FUNERAL NAME (Type) Ditto. III. M.D. Hagerstown. 23d. LOCATION (City or Town)
HAGERSTOWN 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF WASH. (State) REST HAVEN CEM. BAURACTS ACCTY) REGISTRAR 196 **EUNERAL DIRECTOR** 2Sb. REGISTRAR'S SIGNATURE

Tillegal NEW TOTAL STREET, STRE Harry Date (1995) The company of the control of the co 75/1/7/5/5 ALTERNOOF TOTAL MARGINES NOVILLEN 150-03-7507 Bill. Billed Carried Bill or of the state of EVERY 10/31/47 SIBE INTOLUCING. LEGIE FORM LAZE. ID. CONTRACTOR OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14595 14585 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY WASHINGTON WASHINGTON a. STATE MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) HRS. BIG POOL MARYLAND HAGERSTOWN e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS WASHINGTON COUNTY NO YES OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle First Last 4. DATE Manth Year remove carbon Day DECEASED MARY MARGARET SHIVES 10 26 67 (Type ar print) DEATH IF UNDER 24 HRS. S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Haurs DEC.6.1906 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? WASHINGTON COUNTY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotian, or removal, BXXXX MARY M MILLS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, po or unknown) (If yes give war ar dates af service) NONE ALFRED E SHIVES BIG POOL MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN 4 ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial Infarction IMMEDIATE CAUSE (a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 moy be retained by the hospital or ottending physician. DUE TO Coronary artery atherosclerosis with occulison Canditians, if any, which gave rise to immediate cause (a). **DUE TO** stating the underlying cause Hypertension unknown this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO 0 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20d. INJURY OCCURRED 20c, TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at wark **DIRECTOR:** After 21. I certify that (1) (1968) 1639 attended the deceased fram 10/25/67 10/26/6/19 that (1) (The last saw the deceased alive an 10/26/67and that death accurred a6:35 AM ram causes and an the date stated above. 22b. DATE SIGNED □ Oct. 27. 1967 DIRECTOR M.D. PHYSICIAN'S 22d. ADDRESS O FUNERAL Archie Robert Cohen, M.D. Clear Spring, Md. 21722 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 0.28.67 BIG POOL PARK HEAD WASHINGTON MD 2Sa. REC'D BY REGISTRAR DATE OV 1 ADDRESS 2Sb. REGISTRAR'S SIGNATURE 1967

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n decili.		PLACE OF DEATH D. COUNTY WAST	IINGTON	MARYLAND	- CTATE	Where deceosed lived, if institute b. COU	tion: Residence before admission) INTY Wash motor
and in any event, within 72 nauts affer		o. CITY OR TOWN (If outside write RURAL ond give new HAGE	corporate limits, prest town) RSTOWN	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	tside corporote limits, write RU	
91			AND STATE HOS	ve street address)	d. STREET ADDRESS	uege Street	e IS RESIDENCE ON A FARM? YES NO
nt, will		NAME OF DECEASED Type or print)	First Charle.		Last	4. DATE Mon OF DEATH OC	oth Doy Year
	S.	40	R OR RACE 7. MARRIED WIDOWED		Dec. 27,188	9. AGE (In years lost birthday) yrs.	Months Doys Hours Mir
	dur	USUAL OCCUPATION (Give kin ng most of working life, even SHEET METAL	d of work done 10b. KIN INTERPRETATION OF THE CEM	ID OF BUSINESS OR BUSTRY ENT MFG.	washington	& State, or foreign country) N Cozinty, ma	12. CITIZEN OF WHAT COUNTRY?
			m Smith		14. MOTHER'S MAIDEN N	moats	
		was deceased ever in u.s. A s, no, or unknown) (If yes giv NO	a was as datas of samiral	OCIAL SECURITY NO. 17. IN 3-10-6865A MR.	PAUL V. SM	BOX 25 Addr ITH, SMITHSBU	RG, MARYLAND.
		PART I. DEATH WAS C	er only one couse per line for I AUSED BY: MEDIATE CAUSE (0)	o), (b), and (c).) COR PULMONO	le		INTERVAL BETWEEN ONSET AND DEATH
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		stoting the underlying co lost.	(c)	D DEATH BUT NOT RELATED TO TH	MON 228221/ IAMIAADET 3E	IDITION CIVEN IN DART 1/a)	19. WAS AUTOPSY
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	MEDICAL	20c. TIME OF INJURY Mon' Hour o.m. p.m.	19 While at work	Not While of focto	ry, street, office bldg., etc.)	(3	
		saw the deceased	(I) (this bospite) attend alive an OCT 1	ed the deceased from	death accurred at	9.67, ta Oct. 1 3:23 M, fram causes	and on the date stated abo
Ţ		220. SIGNATURE	Vieter L.	Pamas, M.D.	PHYS.	MED. STAFF DIRECTOR PHYS.	
1		22c. PHYSICIAN'S NAME (Type)		Ramos, m.D.		restorn md.	md.
1		BURIAL (Specify)	23b. DATE THEREOF 10/4/67	23c. NAME OF CEMETERY OR C	W CEMETERY		WASH. CO. MD.
Y	24	FUNERAL DIRECTOR	OUTED HACED	ADDRESS MADVI A		BY REGISTRAR 67 25b.	EGISTRAR'S SIGNATURE

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25b REGISTRAR'S SIGNATURE

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14587 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Washington Maryl nd Washington MARYLAND b. CITY OR TOWN (If autside corporate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give nearest town)
Sharpsburg Sharpsburg 25 Yrs. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 123 W. Main Street 123 W. Main Street NO 3. NAME OF First Middle 4. DATE Manth Last Year DECEASED CLIFTON 16 LUTHER Oct. (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last pirthday) Male White 28 1911 July WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Operations Officer INDUSTRY COUNTRY? Fakles Mills Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence L. Smith Fisher Gay 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 123 Address Main St. (Yes, no, ar unknown) (If yes give wor or dates of service) 274-09-1063 Mrs. Mary C. Smith Sharpsburg Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) CORONARY THROMBOSIS DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES NO V MELLITUS 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Not While factory, street, office blda., etc.) ot work at wark 21. I certify that (1) (this hospital) attended the deceased from May, 25, 1966, to ARL 23, 1967, that (1) (we) last saw the deceased glive an OF 15 1967, and that death/accurred at 6 2 M, fram causes and on the date stated above 22b. DATE SIGNED 22a. SIGNATURE ATTENDING linaulum M.D. PHYS. PHYS. 2% PHYSICIAN'S 22d. ADDRESS NAME (Type) Sharpsburg HMARILLO 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) REMOVATE (Specify) Oct. 18-67 Sharpsburg, Washington Md. View Cemetery

Williamspor

Church St.

requires that the death certificate be executed within signed by the after burial-transit perm burial, crematian, a by the hospital or attending physician. as the prior to O FUNERAL DIRECTOR: After this certificate has been OR ATTENDING PHYSICIAN: The law be retained directar, page 3 shauld be filed v VR A15 (4)

24. FUNERAL DIRECTOR

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S. Washing C provide charte in being THE ASSET LEVEL 18 MINERAL PROPERTY. The state of the s CORDNARY THRONG BOOKS SUDDEN DARFIE MELLITHS to the state of the states Leinaueran 10/17/82 " RIZALITU PHARILLO SHOPPHARY HA The state of the s

energy in sall to burg treet The division of the contract o Weekington County Hospital V 30 Feet Appleton Ma. The super terms of the super ter mentsolven the second that the second the se Diroce of bnallelen juristi .ark Aceri-sc-18 TITLE T minde vermeelfatt this Conflictor careath actument targe, aviaged a city Confident of the composition not there to be 70 to their feet 7:563. The B. H. Burleley, L.O. Haydertonn, T. Peled Buttell Lolloy Haya Hayah Constant Harabi Color and reach Larence Parent Notes Inc

MARYLAND STATE DEPARTMENT OF HEALTH Division of Statistical research and records, 301 W. Preston Street, Baltimore 1, Maryland, FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND 13 to the funeral Page 5 may be Department after death. b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give nearest town) HAGERSTOWN HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? State hours WASHINGTON WASHINGTON CO. HOSPITAL NO X NAME OF First DATE Middle Last Month Year DECEASED OF DEATH (Type or print) SPIELMAN OCTOBER 25 REBECCA 19 6 EXAMINER: This certificate should be executed within 24 hours after death. If a the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. 7. MARRIEO NEVER MARRIEO last birthday) Months Oays Hours 1890 WIDOWED X DIVORCEO [10a, USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) COUNTRY? INOUSTRY U.S.A. HAGERS TOWN, MARYLAND RETIRED EPARTMENT STORE CLERK any pages in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME LILY RANDALL CHARLES D. BURNETT

15. WAS OCCEASED EVER IN U.S. ARMED FORCES? File 17. INFORMANT Address 16. SOCIAL SECURITY NO. I (Yes, no, or unkown) (If yes give war or dates of service) permit. MISS BURNETT, 光光光光 DORIS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH burial-transit p PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate DUE TO cause (e), stating the O underlying cause lest. used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMEO? NO YES 3 should be a agent, prior t 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING Fell from bed 2t CAUSE OF DEATH. Nursing MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Houry a.m. Not While NUTSing CTOR: Page designated at work et work Inquiry × 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion FUNERAL DIRECTOR: death resulted from: Natural causes Suicide Homicide Undetermined manner Accident execute th CHIEF MEDICAL EXAMINER director. Page 4 retained for your DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. 0 OEPUTY MEDICAL EXAMINER Y WASH. Health **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) HAGERS TOWN 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. OATE THEREOF 23c. REMOVAL (Specify) 0 PEMATION FUNERAL DIRECTOR 256 AFFISTRAR'S SIGNATURE 1967 VR ALSME (5) DATE CHARLES 1/65

Film \$ 394- 11/3/67- Diginally reported on regular certificate and should have been M.E.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14600 14530 CERTIFICATE OF DEATH 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o STATE b. COUNTY MARYLAND MARYLAND WASHINGTON WASHINGTON c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) DAYS HAGERSTOWN HANCOCK e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS WASHINGTON COUNTY HOSPITAL 8 TALIFERRO ST. YES NO X OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3. NAME OF Middle DATE First Lost Doy Year DECEASED OTIS WINFRED STANLEY 67 OCTOBER 19 DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SFX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED remove lost birthdoy) Months Doys Hours DIVORCED 24/1910 MALE WHITE WIDOWED ond in ony 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) **INDUSTRY** physicion PAGE COUNTY. VIRGINIA TRUCKING TRUCKING 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removal, HARVEY ALFRED STANLEY HETTE MAUDE EPPARD TALLIFERRO ST. 16. SOCIAL SECURITY NO. 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 212-14-6541 MARTHA E. STANLEY HANCOCK. MD. NO INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) the hospitol or ottending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? of Health NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) Hour o.m. Not While While ot work ot work 21. I certify that (I) (this haspital) attended the deceased from. 10/10/67 19 M. fram causes and on the date stated above. and that death occurred at_ saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING 10/16/67 PHYS. DIRECTOR poge 3 22d. ADDRESS 22 PHYSICIAN'S NAME (Type) Dr. John R. Marsh N. Potomac St. Hagerstown, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) ST. THOMAS EPISCOPAL HANCOCK WASH., MD. BURIAL ADDRESS 24. FUNERAL DIRECTOR HANCOCK, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Berkelev MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b filled i papers. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS ON A FARM? rbon par withm NO Z YES etely executed within NAME OF DATE Month Oav Year 3. Middie Last 4. DECEASED event, (Type or print) DEATH 19 6. COLOR OR RACE ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Oays | Hours | Min. 5. SEX 8. OATE OF BIRTH emove 7. MARRIED NEVER MARRIEO WIOOWED / **OIVORCED** = 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 211. BIRTHPLAGE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please during most of working life, even if retired)
RETIFED LEACHER

13. FATHER'S NAME Public School certificate 14. MOTHER'S MAIDEN NAME removal Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. -transit permit. death (Yes, no, of unkown) (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). requires that the PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. in state of the state of the second of the s OUE TO Conditions, If any, which gave rise to Immediate **OUE TO** cause (a), stating the underlying cause last. as (c) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PERFORMED? CERTIFICAT YES NO F this cerum detached fo 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMMER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) PHYSICIAN: 20b. MEDICAL (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Hour a.m. While Not While After at work p.m. at work P the 21. I certify that (1) this hospital) attended the deceased from DIRECTOR: age 3 should lied with the M. from the causes and on the date stated above. saw the deceased alive on. and that death occurred OATE-SIGNEO 22b. 22a. SICNAFURE page M.O. DIRECTOR TO FUNERAL I PHYSICIÁN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. 23c. OATE THEREOF REMOVAL (Specify) REGISTRAR'S SICNATURE REC'D BY RECISTRAR ! 25b. FUNERAL DIRECTOR Mariles VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

			CLKIIIICA	IE OF DEATH	
	LACE OF DEATH	WASHINGTON		2. USUAL RESIDENCE (Where deceosed lived, if institution: Resid	lence before odmission)
Ь		f outside corporate limits,	, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	give neorest town
		HAGERSTOWN	455 day		01-2
d	I. NAME OF HOSPIT	AL OR INSTITUTION (If not	t in haspitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENC ON A FARM
		ARYLAND STA	TE HOSPITAL	637 Lincoln Street	YES NO
1 0	NAME OF DECEASED Type or print)	9/ad	st Middle May	SIIIIVAN DEATH OCT S	Doy Year 26, 196
S. S		6. COLOR OR RACE	7. MARRIED NEVER MARRIED	R DATE OF RIPTH 9 AGE (In years IFTINDI	ER 1 YEAR IF UNDER 24
	F	w	WIDOWED X DIVORCED	Dec. 7, 1886 lost birthdoy) Months	Doys Hours A
10o. durir	USUAL OCCUPATION ng most of working Housew	(Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME	110	10000000	14. MOTHER'S MAIDEN NAME	4131
	Hen	Ry Brai		Eluna Death Leving	Deahl
		R IÑ U.S. ARMED FORCES? (If yes give wor or dotes of	service)	7. INFORMANT 637 Line of St	
	No	, ,	E	arl R. Sullivan Cumberland, Mo	
		ATH (Enter only one cous H WAS CAUSED BY:	se per line far (a), (b), and (c).)	e de la constante de la consta	ONSET AND DEA
	4201	IMMEDIATE CAUSE (1 day
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	nse to immediat stating the unde	e couse (o),		is, germerai	WITHIOU
1 1	last.)	(c)	TO THE TERMINAL DISTANCE COUNTY OF THE WAY IN COUNTY IN	19. WAS AUTOPS
CERTIFICATION	(i) Dial	Beles Mell		TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
E E	20g. ACCIDENT WAS	UNDERLYING TO	20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I or Port II of item 18.)	al Examine
		MEDICAL EXAMINER)			fred Y bady B
MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Yeor	20d. INJURY OCCURRED 20e.	11: 111	County) (Sto
E	11:00 p.r	n. 1410028,196	otwork LJ otwork LX	tome combesiana, a.	Hegany, h
			oital) attended the deceased fram	11/11/20 10/11 . 10/11/21	1 19 11 -1 111 1
	21. I certif	y that (I) (this hose eceased alive an	October 26, 1967, and the	hat death accurred at 23.3 M, fram causes and an	the date stated of
	21. I certif	ty that (I) (this-hest eceased alive an	yerobek 26, 1961, and the	hat death accurred at 222 M, fram causes and an	the date stated of DATE SIGNED
	21. 1 certif saw the de 220. SIGNATURE	ry that (1) (this hesp eceased alive an C	October 26, 1967, and the	hat death accurred at 222 M, fram causes and an ATENDING MED. STAFF 22b. M.D. PHYS. DIRECTOR PHYS.	the date stated of DATE SIGNED
	21. I certification saw the de	Cae	itar L famas,	hat death accurred at 23.25 M, fram causes and an ATTENDING MED. STAFF 22b. M.D. PHYS. DIRECTOR PHYS. C. C. PHYS. PHYS. HE	the date stated of DATE SIGNED OCT. 26,190
230.	21. I certif saw the de 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Victor 1 23b. Date the	tor L. Ramos, m.	hat death accurred at 1232 M, fram causes and an ATTENDING MED. STAFF 22b. M.D. PHYS. DIRECTOR PHYS. C 22d. ADDRESS LUESTEL Prod. State HE Hagers foun, man	the date stated of DATE SIGNED OCT. 26,190
230.	21. I certif saw the de 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Victor 1 23b. Date the	EEOF 23c. NAME OF CEMETERY C	hat death accurred at 1232 M, fram causes and an ATTENDING MED. STAFF 22b. M.D. PHYS. DIRECTOR PHYS. C 22d. ADDRESS LESSER Prod. State He Hagers from man	the date stated of DATE SIGNED OCT. 26/1900 Spirital Cyland (County) (Sto

Special 1 in the medical frames are sensed to be special to the second of the second o transland publication the street 405 cay Competioned Torque describe managing and an analysis of the special special F W 2011/1201 Ect. 26, 63 macyland 243 HART DOLLES HERRY Brank Mary Land Mary Committee of the Park EDROPARY THE MOESTS 1 chig appear to the service 1.22 1012 a Dicheles Meinhus & Frachise of hip Fell when trungerary to and Christing a Holyesting The States of the second of th Victor L. Ranco, m. Hayer a mar Shate hospital

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1460217,507 HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. CDUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND funeral may be Department CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) deat HAGERSTOWN HAGERSTOWN after the 5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS DN A FARM? Page to State WASHINGTON COUNTY HOSPITAL S PROSPECT YES __ NO ZY 30 del 3. NAME DE First Middle Last DATE Month 4. Day Year the DECEASED (Type or print) JOSEPHINE SWEENEY DEATH OCTOBER 1967 2 with within 5. SEX XAMINER: This certificate should be executed within 24 hours after death. If certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, ould be forwarded to the Chief Medical Examiner's Office along with form 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) Months Days Hours 9/27/1887 FEMALE WIDOWED DIVORCED 80 event 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pages I HOMEMAKER WASHINGTON COUNTY MD. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN SOPHTA File HURTER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) permit. W.WARREN STULTZ HAGERSTOWN MARYLAND 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH burial-transit cremation, or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation due to anoxia of brain following 34 hours cremation, DUE TO Conditions, if any, which (b) foreign body (piece of meat wedged in trachea. gave rise to immediate DUE TO cause (a), stating the 7 used as a to burial, underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES [NO T should be 208. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Large piece of meat wedged in trachea.

20d. INJURY OCCURRED | 200. PLACE OF INJURY (Home, farm, | 20f. (City o 3 shou agent, MEDICAL 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour p.m. 70-72- 19 67 at work at work CTOR: Page designated Restaurant Hagerstown, Washington, the certi 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x. inquiry and in my opinion DIRECTOR: death resulted from: Natural causes Suicide Homicide Undetermined manner Accident |x|. execute the result of the resu CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 10/16/67 DEPUTY MEDICAL EXAMINER IX FUNERAL Health **EXAMINER'S** director. retained JR. M.D. NAME (Type) DITTO BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) REMOVAL (Specify) 9 WASHINGTON MD BURIAL ROSE HILL CEMETERY HAGERSTOWN 25a, REC'D BY REGISTRAR 25b. F 24. FUNERAL DIRECTOR ADDRESS Charles 196 VR ALSME CHARLES M ROUZER HAGERSTOWN MARYLAND

WESHIELD OF THE HE. TAILBUR & ATTESOS TAILBURG & STATES WARREST BUILDS BUILDING MARKETON and some his feature from the united transfer or for all 30/30/02 EX UNIO R. M.I. 215 MARKETS SHE WAS INCOME. SUPER 10/16/67 ROSE ETT CAPTORY THE ACTUAL HEAD MADES TO AH CHAILAND HALFRONDING CHAILAND HALFROND REALISM
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CERTIFICATE OF DEATH

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PLACE OF DEATH a. COUNTY	Washington		IL O STATE	Where deceosed lived, if institution: Re b. COUNTY	
	f outside corporate limits.	MARYLAND C. LENGTH OF STAY IN 16			Vashington V
write RURAL and	, give nearest town)			utside corporote limits, write RURAL on	a give nearest town)
A NAME OF HOSPITA	Hagerstown AL OR INSTITUTION (If not in hosp	Life	d. STREET ADDRESS	gerstown	e IS RESIDENCE
	427 W. Franklin			7 W. Franklin St.	ON A FARM? YES NO R
3. NAME OF	First	Middle	Lost	4. DATE Month	Doy Year
(Type or print)	Barry	Eugene	Templon	OF DEATH October	28 1967
SEX Male	6. COLOR OR RACE 7. MAR White WIDO	RIED NEVER MARRIED	8. DATE OF BIRTH Aug. 5, 1967	9. AGE (In years IF UI	NDER I YEAR IF UNDER 24 HRS.
		Ob. KIND OF BUSINESS OR			12. CITIZEN OF WHAT
luring most of working l	life, even if retired)	None	Hagerstow	m. Md.	USA COUNTRY?
3. FATHER'S NAME			14 MOTHER'S MAIDEN	NAME	
	Richard M. Jems	olon	3	va Jean Perrott Address H	
S. WAS DECEASED EVE	R IN U.S. ARMED FD RCES?		INFORMANT	Address A	agerstown, Md.
No	(If yes give wor or dotes of service)	None Mr.	R.M. Dwmplor	1 427 W. Franklin	St.
18. CAUSE OF DE	ATH (Enter only one couse per lin	ne for (o), (b), ond (c).)			INTERVAL DETWEEN
100	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	ydrocephalus a	and spina	bifida	ONSET AND DEATH
7512	DUE TO				
Conditions, if ony,					
stoting the under					
lost.) (c)				
PART II. OTHER SIG	GNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	Ob. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port 1 or Port II of item 18.)	
7	RY Month, Doy, Yeor		ICE OF INJURY (Home, for tory, street, office bldg., etc.		(County) (Stote)
21. I certif	v that (1) (this haspital) a	ttended the deceased fram_F	lug. 5	967 to Oct. 28	1967, that (1) (we) las
saw the de	ceased alive an Sep	t.11 1967, and tha	t death accurred at	4A. M, fram causes and a	an the date stated abave
22o. SIGNATURE	Male	neisle_ m.	D. ATTENDING D. PHYS.	MED. STAFF 1	b. DATE SIGNED 0/28/67
22c. PHYSICIAN'S				8 West Washing	ton St.
NAME (Type)	B. B. Kneis	ley, M.D.	Hager	stown, Md.	
30. BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
REMOVAL (Specify)	10/29/67	Rest Haven	Cemetery 250. REC	Hagerstown-Was	shinatoh-Md_
24. FUNERAL DIRECTO	W/44. C. No	G77 - ADDRESS	25o. REC	D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
Rest Ha	ven Funeral Che	apel Hagerstown	Md DATE OF	T 3 1 1967 ACC	arles Judge

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages y and should be filled with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 22 bears after decay. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

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	Mandanet L. Tilb.		. Va	OB Ward	
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Jef-slotovskie New Town	1961 1 S 750	. The first of the second	7000	2000	Setting

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2So. REC'D BY REGISTRAR

e. IS RESIDENCE ON A FARM?

NO TO

Year

1967

Hours

INTERVAL BETWEEN

ONSET AND DEATH

15 418.

19. WAS AUTOPSY PERFORMED? YES 🗌

HOSPITAL

(County)

NO W

(Stote)

(Stote)

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14599 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY WASHINGTON MARYLAND MARYLAND FREDERICK b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Smithsburg HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS WESTERN MARYLAND STATE HOSPITAL Route 3. NAME OF First Middle Lost 4. DATE DECEASED STANLE TOHS (Type or print) HERMAN DEATH October IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdoy) W WIDOWED X DIVORCED June 29, 1890 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? aborer factory Frederick Co.. hoe 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Sheridan Toms Olivia Wolfe Route 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 05-09-0560 Mrs. Ruth Easterday. Boonsboro. no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY CONCESTIVE HEART IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove ARTERIOSCLEROTIC HEART DISEASE rise to immediate couse (a). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) Hour o.m. Not While ot work 21. I certify that (1) (this haspital) attended the deceased fram August 7, 1967, to October 27, 1967, that (1) (we) las saw the deceased alive an October 27 1967, and that death accurred at 4:45/4 M, fram causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** X Demongo M.D. DIRECTOR PHYS. October 27, 1967 PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) DONINGO WESTERN MARYLAND A. GARCIA STATE 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BUREMOVAL (Specify) 10/29/67 Hill Cemeterv Waynesboro 2Sb. REGISTRAR'S SIGNATURE

Company, Middletown, Md.

within ond in any certificote removal permit. The death 50 cremation, thot the signed by the buriol-transit **DIRECTOR:** After pe director, page should be filed FUNERAL 0 VR A15 (4) 25M 1/67

death.

ofter

within

24. FUNERAL DIRECTOR

Gladhill

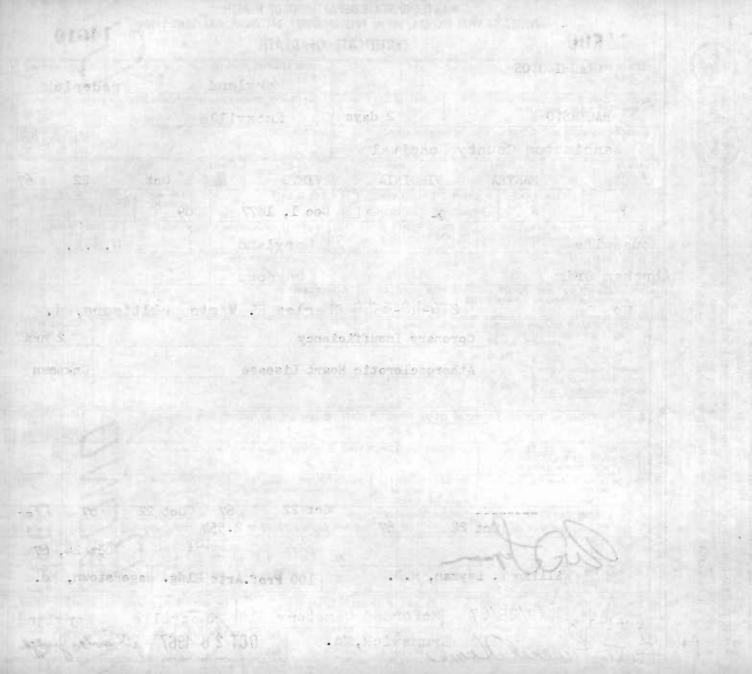
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CERTIFICATE OF DEATH

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eat		1.	PLACE OF DEATHIA	SHINGTON				2. USUAL RESIDENCE (V	Where deceased liv			befare admi	ssian) /
P 15.0	2		a. COUNTY			MARY	IAND	o. STATE Mary	land	b. COUN	Frede	miale	
ifte es es	afte		b. CITY OR TOWN (If	outside corporate limits,		c. LENGTH OF STAY IN		c. CITY OR TOWN (If au		its, write RISR			
ors of the Page	Urs		write RURAL and HAGE	pive negrest town)		2 da			ville	ms, wine nan	At and give in		0=1
Po La	2	-	d. NAME OF HOSPITA	L OR INSTITUTION (If not in	in hospital, a		U	d. STREET ADDRESS	V1110			e. IS RI	SIDENCE
24 ape	2)7	9	Washi	ington Cou	intv	Hospital						YES F	FARM?
古 声	₹ ′	3.	NAME OF	First		Middle		Lost	4. DATE	Month	1	Day	Year
requires that the death certificate be executed within 24 hours after death g physician. signed by the ottending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages and	*, *		DECEASED (Type or print)	MARTHA		VIRGINIA		VIRTS	OF DEATH	Oct			9 67
utec mp	eve	S.	SEX		7. MARRIED	NEVER MARRIED	0 8	DATE OF BIRTH	last	(In years	Months D	EAR IF UNI	DER 24 HRS.
o p	Jun		F	W		DIVORCED		Dec 1, 1877	89	birthday) Yrs.			
be on	and in any	10	a. USUAL OCCUPATION ((Give kind af wark dane		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& State, or fareign c	auntry)	12. CITIZ	EN OF WHAT	
rion	and		ring most of working li OUSEWII 6)				Marylan	_	elling.	U.S.	A.	
ificc nysi	0		. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
g pł	70 L		raham Gr					Unknow	n				
ding t	rer	15	. WAS DECEASED EVER	IN U.S. ARMED FORCES? If yes give war ar dates af se	anvice)	SOCIAL SECURITY NO.		NFORMANT		Addres	SS		
he deoth ottendir permit.	n, 0	- 1	no	it jos give war ar dales ar s	2	16-48-654	18 C	harles F.	Virts	Balt	imore	.Md.	
the o	cremotian, or removol,		18. CAUSE OF DEA	ATH (Enter anly ane cause	per line far	(a), (b), and (c).)						INTERVAL	
thot t an. by the ransit	emo		PAKI I. DEAIR	WAS CAUSED BY: IMMEDIATE CAUSE (a)	Core	onary Insui	ffici	.ency				ONSES AN	ir's"
iciar d b	٦, د		4201	DUE TO									
physicie signed buriol-t	burial,		Canditians, if any, rise to immediate	couse (a)		eroscleroti	ic He	eart Disease			Ī	Jnknow	m
red ig p n si e b		93	stating the underl	ying couse DUE TO									
e law fendir s bee as th	prior to	-	lost.) (c)									
	J pr	3	PART II. OTHER SIG	NIFICANT CONDITIONS CON	TRIBUTING T	O DEATH BUT NOT RELA	ATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN I	PART 1(a)		19. WAS A PERFO	UTOPSY RMED?
AN: The	Health	318										YES _	NO 🗌
三五年十	Name .	CERTIFICATION	OR CONTRIBUTING E	CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OC	CURRED. (Enter nature of injury in I	Part I ar Part II af	item 1B.)			
PHYSIC ne hospi this certi etached	pt.		(IF EITHER, NOTIFY M		1 204 14	JURY OCCURRED	20 - DIAC	E OF INJURY (Home, farm	20f. (City	or tawn)	(Count	lud	(State)
	Dept.	MEDICAL	Haur a.m.	10	While	Nat While		ry, street, affice bldg., etc.)		or idwii)	(coom	γ)	(Sigle)
by # fter ifter be d	State		p.m.		at warl			Oct 22	9 67 ta C	lot 22	10.6	7 (0	() 1
= T < -	he S		21. I certify	that (I) (this hospit	at 22	ied the decedsed to	1101111	death accurred at				7, that (I)	od abave
ATTE etoine CTOR: shaul	with the		220. SIGNATURE	eysed dilve dil py	00 22		iiu iiiui		DST	111 (00363 0			
be re			0/	ur I km	non		M.D		MED. DIRECTOR	STAFF PHYS.	Oct	SIGNED 24, 6	7
y by	e filed		22c. PHYSICIAN'S	William T.	Lavma	an, M.D.	7 1	22d, ADDRESS 100 Prof.			reretor	an Me	
FRA ERA	d be		NAME (Type)					100 Pro1.	ALUS DIC	ag. mag	301 3 001	vii, ric	
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld	should be	23	a. BURIAL, CREMATION REMOVAL (Specify)		OF 7	23c. NAME OF CEME			23d. LOCATIO		,	aunty)	(State)
0 P 0	de C		Burial	A		Reformed				ville		laryl	and
VR A15 (4 25M 1/6	M	3	4 JUNERAL DIRECTOR	1	2/ I	Brunswick	c. Md	2Sa. REC'T	CT 2 6 19	B7 Sb. REG	Clay	ATUR	est.
25M 1/67	1		gette t	weekal of	Laure	2		DATE		7 0		0	0



before admission)

RD INTERVAL BETWEEN ONSET, AND DEATH

e. IS RESIDENCE ON A FARM? NO

Year

1967

IF UNDER 24 HRS. Hours

		DIVISION	OF VITAL R	ECORDS, 301 W. PI	RESTO	N STREET, BALTIMO	RE, MARYLA	ND 21201		
	1460	1		CERTIFIC	ATE	OF DEATH				14611
	PLACE OF DEATH o. COUNTY	WASHING	ron	MARYLAI	ND	2. USUAL RESIDENCE (W. o. STATE make	here deceased	ived, if instituti b. COUN	VIV _	ce before admiss
	b. CITY OR TOWN (I write RURAL and	If outside carparate limit d give nearest tawn) HAGERST(c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If aut		mits, write RUF		10-2
		MARYLAND S'		give street address) OSPITAL		d. STREET ADDRESS Route	,			e. IS RES ON A YES
	NAME OF DECEASED (Type ar print)		rst VA S	Middle SUSAN ZU	ede	last 1/E	4. DATE OF DEATH		-4	Day Y
	SEX F	6. COLOR OR RACE		NEVER MARRIED DIVORCED		LAPRIL 5, 189	2 7	GE (In years ast birthday) Yrs.	Manths Manths	Days Hours
	in USUAL OCCUPATION ing mast of warking 110USCW:	(Give kind af wark dane life, even if retired) 110		ND OF BUSINESS OR DUSTRY HOME		11. BIRTHPLACE (County 8) FREderick			(0)	TIZEN OF WHAT UNTRY?
13.	FATHER'S NAME	ples Hewi	'H			14. MOTHER'S MAIDEN N SUSA	AME N She	ets		
IS. (Ye	WAS DECEASED EVE es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates o	Mariana ka	SOCIAL SECURITY NO. 12-38-97/7		FORMANT Lenn Weddl	e Fr	Addre		d. RD
	PART I. DEAT	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE		(a), (b), and (c).) Lobular p	nsu	monia				ONSET, AND
	332 A Conditions, if ony, rise to immediat		TO			nbosis & h	emiple	gia re	zohasia	2480
	stating the under			Reterioscler	0515	, general				rinkno
ALION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATE	D TO TH	HE TERMINAL DISEASE CON	DITION GIVEN I	PART 1(o)		19. WAS AU PERFORI YES
CERTIFIC		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	JRRED. (1	Enter noture of injury in P	art I ar Part II	of item 18.)		TIPLE S
MEDICA	20c. TIME OF INJU	JRY Month, Day, Year		Nat While		E OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	20f. (C	ity ar town)	(Cau	unty)

WAS AUTOPSY PERFORMED? ES NO nty) (State) at work at wark 21. I certify that (1) (this hospital) ottended the deceased fram Oct. 7 1965, to Oct , 24 19.67, that (1) (we) las saw the deceased alive on Oct 24, 1967, and that death occurred at Z. 25 M, fram causes and on the dote stated above 22b. DATE SIGNED 22a. SIGNATURE PHYS

22d. ADDRESS western md, State Hospital

Hagershun, maryland

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial Lewistown Cemetery 10-28-67 Lewistown Fred. Co. Md 25d. REC'D BY REGISTRAR
DATE OCT 30 ADDRESS Creager Thurmon 25b. REGIŞTRAR'S SIGNATURE aymond DATEOCT

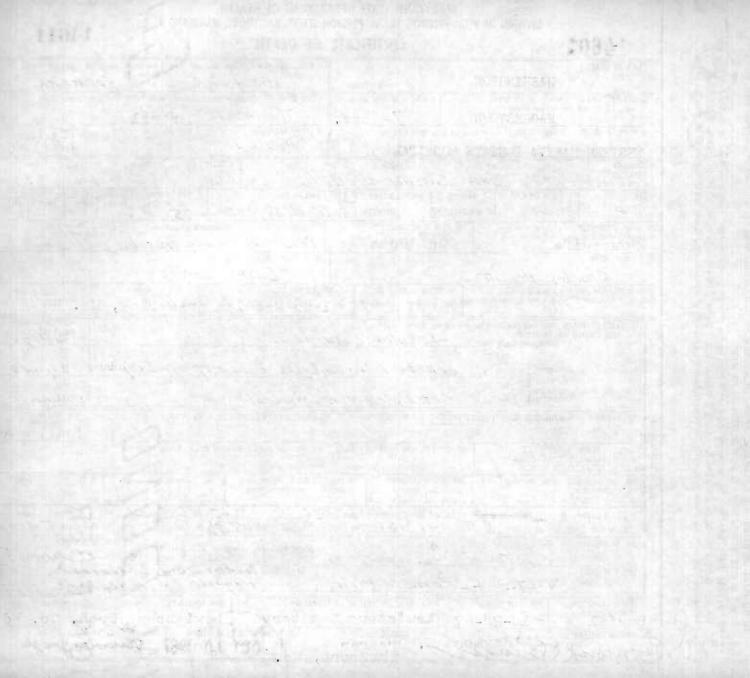
VICTOR L. Ramos, M.D

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon appeared Page 4 may be retoined by the hospitol or attending physician.

22c. PHYSICIAN'S NAME (Type)

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth.

director, page 3 should be detached for use os the burial-tronsit permit. Then pleose remove carbon page should be filed with the Stote Dept. of Heolth prior to burial, cremotion, or removal, ond in any event, within



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fidirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1.		150	34		CERTIFICA	IE OF DEATH				461	16.
	1.	PLACE OF OEAT	H Vash i ngtor	1	MARYLANO	2. USUAL RESIDEN a. STATE	Md •	lived, If Insti b. COUNT	tution: Reside	nce before a	
		b. CITY OR TOW Write RURAL Hagerst	N (if outside corporation and give nearest town	te limits, n)	c. LENGTH OF STAY IN 11	c. CITY OR TOWN (I		te limits, writ	e RURAL and	give neare	est town)
-					ospital, give street addres					e. IS RE	SIDENCE
			1em Ave.				alem Ave	•		YES	FARM?
	3.	NAME OF DECEASED (Type or print)	Samue	rst >1	Middle Jacob	Wedd1e	4. DATE OF OEATH	Month Octo		.,	67
ľ	5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIEO	8. DATE OF BIRTH	9. AC	F (In years III	FUNOER 1 YE		
		male	white	WIOOWED	DIVORCED [11-13-88	10	t birthday) N			
١	10a dur	.USUAL OCCUPATION of work conduct	ION (Cive kind of work ing life, even if retire or	d) 1	(INO OF BUSINESS OR NDUSTRY ilroad	Edgemo	county & State, or fo	reign country)	12. CITIZI COUNT	N OF WHA	ī
-	13.	FATHER'S NAM	E			14. MOTHER'S MAI			.1		
			Daniel V				Jen	nie Wo			
	(Ye	s, no, or unkown)	EVER IN U.S. ARMEO FO (If yes give war or dates o	f service)		. INFORMANT		Address			
1		no			5-10-7766	Leroy Wedd	ile, Hag	erstor			
ı	1				ine for (a), (b), and (c).]				IN	TERVAL BE	DEATH
ı		PART 1. OF	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Acu	te Coronary I	nsufficiency				5 mir	
ı	1	4201	DUE								
l		Conditions, If gave rise to	Immediate /	(0)	erosclerotic l	Heart Diseas	е			Unkno	mm
ŀ	-	cause (a), si underlying caus									
l	<u> 5</u>			ONS CONTRIBI	UTING TO OEATH BUT NOT RE	TATED TO THE TERMINAL	DISEASE CONDITION	ON GIVEN IN P	ART 1(a) 1	9. WAS A	UTOPSY
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I	Ĕ	20a ACCIDENT	WAS LINOFRI YING	20b	OESCRIBE HOW INJURY OC	CURRED (Enter nature (of Injury in Part I	or Part II of		152	110
1	CERTIFICATION	OR CONTRIBUTI	NG CAUSE OF OEATIFY MEDICAL EXAMI	TH NER)	OCCORDE NON INJURY OC	CORRECT (Enter nature of	or mjury m rare r	or rait in or	10.7		
	MEDICAL	20c. TIME OF Hour a.r		Year 20d. I While at wor	Not While fac	LACE OF INJURY (Home, itery, street, office bldg.,	farm, 20f. (City etc.)	or town)	(County)	((State)
1	Σ			1		Oct. 23	19 67 0to Oc	+ 24	. 19 67.	that (I) (fue) last
1		21. I certii	ceased affive on	oet 23	ed the deceased from_	nat death occurred at					
ł		22a. SIGNATUI		1	19, and ti	iat ueath occurred at	DST TOTAL	lie causes a	22b. DATE		d anove.
1		///	11-1-1	ryman		ATTENOING D	MEO. DIRECTOR	STAFF PHYS.	Oct 25		7
ŀ		22c. PHYSICIA NAME (T	M's		IV	22d. AOORESS	DIRECTOR	тіз.		, -,-	
1		NAME (T	vpe William T	. Lavma	an. M.D	100 Pro	of.Arts B	lde. He	cersta	wn N	12
1	23a	. BURIAL, CREM			23c. NAME OF CEMETE			ION (City, tow			State)
1		REMOVAL 1Sp	1ify) 10-27			n Cemetery		stown			
1	24.		ECTOR		ADDRESS	25a. RI	EC'O BY REGISTRA	R 25b. REC		CNATURE	
		Minnic	h Funeral	Home	, Hagerstow	n, Md.	PT 2 0 19	ST 00	lante	Quela	e.

VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14613

0.		Washington		MARY	.AND	2. USUAL RESID a. STATE	Penna.	eased lived, if institu b. COU	JNTY	ankl:	- 1	n)
b.	write RURAL at	(If autside corporate limited give nearest town) Stown	is,	c. LENGTH OF STAY II	1 16	c. CITY OR TOWN	(If outside corp	arote limits, write R	URAL and giv	re nearest	town)	3
d.	NAME OF HOSP	TAL OR INSTITUTION (If n ngton Co. F		The state of the s		d. STREET ADDRI		North St.			IS RESID ON A FA	RM?
DI	AME OF		irst	Middle	1	Lost	4. DATI OF DEA	E Mo	nth	3-Doy	Yea	
S. SE		6. COLOR OR RACE White	7. MARRIED : WIDOWED			B. DATE OF BIRTH	1894	9. AGE (In yeors last birthday) 73 yrs.	IF UNDER Manths	1 YEAR Days	IF UNDER Hours	24 HRS. Min.
during	most of working Mail Ca	IN (Give kind af wark dane g life, even if retired) rrier	10b. KI	ND OF BUSINESS OR DUSTRY Post Off:	ce	Frank	County & Stote, or		((TIZEN OF DUNTRY?		
	ather's Name William	O. Wetzel				14. MOTHER'S M	Alice Go	ssard				
(Yes,		ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	SOCIAL SECURITY NO. 07-30-5455		NFORMANT Charle	es C. We	tzel Sr.	ress Way n	esbo	co.	Pa.
9	PART I. DE. 5 8 4 Conditions, if on ise to immedicate the undost.	y, which gove the couse (a), erlying couse	(a) Ree 10 (b) Cle 10 (c)	functive of	ecpi	itis + Cl	ivleli Fle	ierses		ONSE	T AND D	EATH
CERTIFICATION		SIGNIFICANT CONDITIONS	otre le	last Dise	ne					F	VAS AUTO ERFORME	D?
	OR CONTRIBUTIN	AS UNDERLYING □ G □ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OF	CURRED.	(Enter nature of in	jury in Port 1 or 1	Port II of item fB.)				
MEDICAL	Hour 'o	JURY Month, Doy, Yeor .m. 19	20d. II While of wor			CE OF INJURY (Hon ary, street, office blo		. (City or town)	(Co	ounty)	(:	Stote)
		ify that (I) (this holdeceased alive on_	spitol) otten	ded the deceosed		deoth occurr	, 19, ed ot	to M, fram couses		, tho		
	22o. SIGNATURI	Cerre gold	2 80	cellin	M.I	7 11101	MED. DIRECTOR	STAFF PHYS.	22b. D	ATE SIGNE)	
	22c. PHYSICIAN NAME (Typ					22d. ADDRES	22					
	BURIAL, CREMAT REMOVAL (Specif Buria FUNERAL BIRECT	1 10/16	1967	23c. NAME OF CEME Bury ADDRESS	TERY OR			LOCATION (City or 1 Avnesbore STRAR 2Sb.		(County)		tote)
۲٦.	W.Ot.	40	a)	Waynesbor	Pe Pe		OCT 19		Clesn			

VR A15 (4) 25M 1/67

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter

Page 4 may be retained by the hospital or attending physician.

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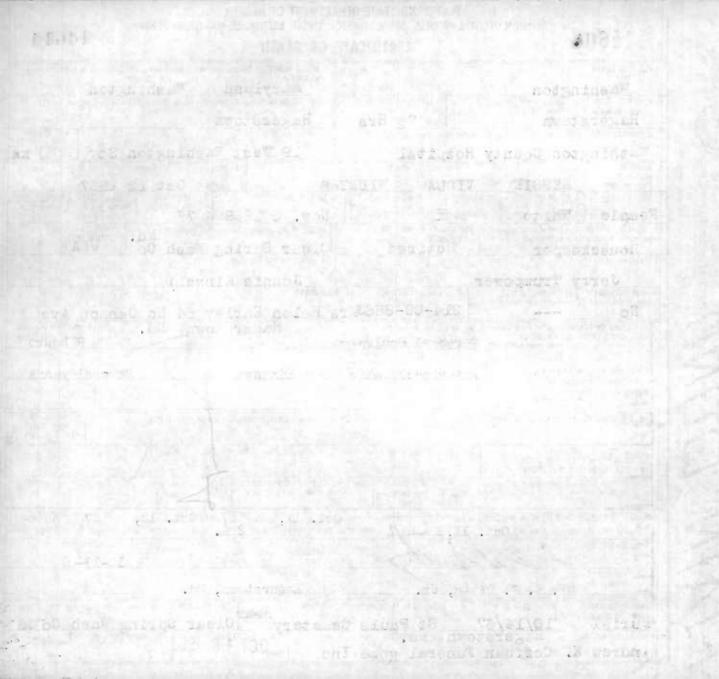
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MAKILAND STATE DEFAKTMENT OF BEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14615 14605 24 hours after death eath PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY WASHINGTON MARYLAND WASHINGTON b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL HAGERSTOWN c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LIFE RURAL HAGERSTOWN RT.#5 dpers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? LEITERSBURG WATER ST. LETTERSBURG NO T requires that the death certificate be executed within 3. NAME OF Middle First Lost 4. DATE Month Doy Year DECEASED ELVA (Type or print) MAY **WILHIDE** OCTOBER DEATH 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours and in any WIDOWED DIVORCED JUNE 10 1888 FEMALE 7 Q/15. 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
HOUSEWIFE INDUSTRY COUNTRY? MARYLAND U.S.A HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, H. HOVIS ANNTE HIRD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address RT#5 (Yes, no, or unknown) (If yes give wor or dotes of service NO WALTER F. BARNHART crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) ●INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO YES 2Do. ACCIDENT WAS UNDERLYING [7] 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Dov. Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) TO FUNERAL DIRECTOR: After this (County) (Stote) Not While Hour 'a.m. foctory, street, office bldg., etc.) 1958 to 21. I certify that (1) (this hospital) attended the deceased from - 13, 19 67, that (1) (we) last be retained director, page 3 shauld should be filed with the and that death accurred at M. fram causes and an the date stated above. 2 1807 saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED 0-16-67 M.D. DIRECTOR PHYS PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 10/16/67 LEITERSBURG WASHINGTON CO. 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Charles

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CERTIFICATE OF DEATH

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1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)		
	O. COUNTY WASHINGTON MARYLAND	o. STATE b. COUNTY MARYLAND WASHINGTON		
	D. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
) 79	write RURAL and give nearest town)			
	HAGERSTOWN 2 WEEKS	RURAL HANCOCK		
	M. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?		
	WESHINGTON COUNTY HOSPITAL	RFD #2		
	NAME OF First Middle DECEASED	Last 4. DATE Month Doy Year		
	Type or print) HERMAN EL WOOD	YOUNKER DEATH OCTOBER 31 1907		
S.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H Lost birthdoy) Months Doys Hours M		
	MALE WHITE WIDOWED DIVORCED	3/31/1913 54 ST OFFICE		
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT		
	ng most of working life, even if retired) AACHINIST	WASHINGTON CO., MD. COUNTRY?		
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
a 15.		LINA LOUISE MOODE		
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address		
	s, no, or unknown) (If yes give wor or dotes of service)	ANSY M. YOUNKER RFD #2, HANCOCK, MD		
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH		
	IMMEDIATE CAUSE (o) 10 adenocarcinoma of stomach with disemminated			
	DUE TO metastasis			
	Conditions, if ony, which gove rise to immediate couse (a),			
	stoting the underlying couse DUE TO			
Z	lost. (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?		
ATIO	none	YES NO		
CERTIFICATION	20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote		
A S	Hour o.m. p.m. 19 While of work of work	foctory, street, office bldg., etc.)		
	21. I certify that (I) (this hospital) attended the deceased fram 9-3-66 , 19 ta 10-31-67, 19 , that (I) (**) last			
4	saw the deseased alive an 10-31-67 19 , and that death accurred at 8:05 m, from causes and an the date stated above			
	22b. DATE SIGNATURE / 22b. DATE SIGNED			
	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIL-2-67			
	22c. PHYSKIAN'S NAME (Type) 1229 Ravenwood Heights, Hagerstown, Md.			
25	John H. Kehne, M.D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. tOCATION (City or Town) (County) (Stote)		
) 23	PEMOVAI (Specify)			
1		E.U.B. WASHINGTON COUNTY, MD.		
1 2	FUNERAL DIRECTOR ADDRESS	250. RECUBRY REGISTRAR 125b. REGISTRAR'S SIGNATURE		

ROTORISE TO DESCRIPTION ROTORIHEAT MOCOMAR LIABUR . ENGRA S Sun := JAT (CROR YTALOG BOTS) (NEXE ABOUTON WAS SETTION OF CUTT IS A PROPERTY E161/16/8 H T HIS

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